Printed: 05/26/2016 FORM APPROVED OMB NO 0938-0391

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O			LE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	0-0331
		495362		B. WING		R-C 05/12/2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET AODRE	SS, CITY, STA	TE, ZIP COOF	33/12/2010	
ASHLANI	ONURSING AND REH	ABILITATI <b>ON</b>	906 THO	MPSON ST	TREE <b>T</b>		
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	FATEMENT OF DEFICIENCIES T BE PRECEDEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	ове соме	X5  PLETION ATE
F 157 SS=D	An unannounced Med standard survey ending 5/10/16 through 5/12/ required for compliants Part 483 Federal Lon-Uncorrected deficiency report. Corrected defithe CMS 2567-B. On investigated during the The census in this 19 183 at the time of the consisted of 28 currer (Residents #101 through #130) and two closed #118 through #119).  483.10(b)(11) NOTIFY (INJURY/DECLINE/R)  A facility must immedican consult with the reside known, notify the resident involving the injury and has the potential intervention; a signific physical, mental, or positive deterioration in health status in either life threclinical complications) significantly (i.e., a neexisting form of treatm consequences, or to consequences, or	dicare/Medicaid revisiting 3/31/16 was conducted. Corrections are ce with the following 42 g Term Care Requiremities are identified within iciencies are identified e complaint was is survey.  O certified bed facility was united to the survey of the survey of the survey of the survey of the survey. The survey of the survey	ted  CFR ents. In this on  vas ample ough ents  in sician ent's a ial ent  of arge	{F 000}	The statements made in this of correction are not an adm and do not constitute agreen with the alleged deficiencies herein.  To remain in compliance wi state and federal regulations center has taken or will take actions set forth in this Plan Correction. In addition, the following plan constitutes the center's allegation of complex All alleged deficiencies have or will be corrected by the dindicated.  1. Resident #114 responsible (RP) is aware of orders for x-repain medications. Resident #124 is from loose stools. Resident #124 is from loose stools. Resident #125 from loose stools. Resident #126 no longer resident #116 no longer #116 no longer resident #116 no longer #116 no longer #116 no lon	ith all the of the of ates 6/22  party ay and 124 ment free 115	<b>2</b> 2016
LABORATOR	DIRECTOR'S OR PROVIDER	·			TITLE	IXGLDATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

6-8-16

Printed: 05/26/2016 FORM APPROVED

		HEDIONID SERVICES		<del></del>		OMB NO. 0938-0391	
STATEMENT ANO PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/O	CLIA ER:		PLE CONSTRUCTION G	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING _		R-C 05/12/2016	
	ROVIOER OR SUPPLIER		STREET AOOF	RESS, CITY, ST	ATE, ZIP COOE	03/12/2018	
ASHLANI	O NURSING AND REH.	ABILITATION	906 TH	OMPSONS ND, VA 230	TREET		
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IO	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROVI OEFICIENCY)	O DE COMPLETION	
F 157		e 1 nember when there is a		F 157	2. Residents currently residi	ng in	
	change in room or roo	ommate assignment as			the center have the potential	toho	
	specified in §483.15(	e)(2); or a change in			affected. For residents curre	ntl.	
	resident rights under	Federal or State law or			residing in the center a review	illy	
	regulations as specific	ed in paragraph (b)(1)	of		done by the director of clinical	v was	
	this section.				services/designed to a services	31	
	The facility must reco	rd and periodically upda			services/designee to ensure t	nat	
	the address and phon	ne number of the reside	ate nte		MD/RP was notified for chang	ges in	
	legal representative o	r interested family men	ber.		resident's condition and plan	of care	
		,			including order changes for the thirty (30) days.	ne past	
	This Requirement is	not met as evidenced b	v:		3. In-servicing has been provi	ided to	
	Based on staff intervie	ew, facility document re	view,		the licensed nurses and		
į	clinical record review	and in the course of			interdisciplinary team (IDT) by	v the	
	the facility staff fails d	n, it was determined the	at		director of clinical services/de	Asignaa	
	or RP (responsible pa	to notify the physician a	and		regarding notification to MD/	ואון	
	resident's condition for	r five of 30 residents in	the		regarding changes in conditio	n and	
	survey sample, Reside	ent #114, #124, #115, #	#116		in plan of care including order	ir and	
	and #130.				changes. A random weekly re		
	4 F - B - H - 1977				Will be conducted by the all	:view	
	the resident's RP (res	facility staff failed to not	ify		will be conducted by the direc	tor of	
	physician orders for a	hack X-ray and noin			clinical services/designee for f	rive (5)	
	medication.	buok X ray and pain			residents per week for three (	3)	
					months to ensure that the ME	)/RP	
	2. a. For Resident #12	24 facility staff failed to r	notify		have been notified of change	in care	
	the resident's physicia	n about the resident no	t		to include order changes.		
	antihintic) for the treat	d doses of Vancomycin ment of C-dif (clostridiu	(an		4. Results of the reviews will !	be	
	difficile)*.	ment of C-all (clostrial)	m j		discussed by the		
	,				administrator/designee at the		
	2. b. Facility staff failed	d to notify the resident's	;		Quality Assurance Performance	:e	
İ	physician about the res	sident's continued loose	e		Improvement meeting month	ly for	
	stools in a resident with	h a diagnosis of clostric	lium		three (3) months. The commit	ttee	
	чинске апо пао а гоол	nmate, Resident#125.			will recommend provisions to t	the	
	3. The facility staff faile	ed to notify the physicia	,	_	plan as indicated to sustain		
	and responsible party	of a request to follow-up	·'		substantial compliance.		

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

JUN 0 9 2016

ontinuation sheet Page 2 of 153

STATEMENT	OF OEFICIENCIES	- OERVICES				OMB NO. 0938-0391		
ANO PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/O IOENTIFICATION NUMBI	CLIA ER:		IPLE CONSTRUCTION	(X3) OATE SURVEY COMPLETEO		
		495362		B. WING _		0.5	R-C	
NAME OF PR	ROVIOER OR SUPPLIER		STREET AOOR	ESS CITY OF	TATE, ZIP COOE	05/	12/2016	
ASHLANI	D NURSING AND REH	ABILITATION						
1				MPSON S				
0(4) 10				ND, VA 230	00 <b>5</b>			
(X4) IO PREFIX TAG	PREFIX (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULATORY		GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCEO TO THE APP OEFICIENCY)	OULO RE	(X5) COMPLETION DATE	
F 157	Continued From page	e 2			<u> </u>			
		trip to the emergency	room.	F 157				
į	and RP (responsible p following a threat mad Resident #116 on 5/9/		6 ward					
:	5. The facility staff fai and RP for Resident # made by Resident #13 5/9/16.	led to notify the physic t130 following a threat 30 toward Resident #1	İ					
	The findings include:							
	1. Resident #114 was 4/26/16 with diagnoses limited to: anxiety, den	s that included but wen	e not					
	The most recent MDS admission assessment (assessment reference resident with a four out interview of mental star was severely impaired decisions. The resident assistance of one staff	t, with an ARD e date) of 5/3/16 coded t of 15 on the BIMS (br tus) indicating the resid to make daily cognitive t was coded as requirir	the ief dent					
	Review of the physicial dated 5/11/16 at 1:00 p Thoraco-lumbar Spine Back Pain. Tramadol** (twice a day) PRN (as r	o.m. documented, "X-ra (arrow pointing to right * 25 mg po (by mouth)	·					
j ;	Review of the nurse's n 5/12/16 did not evidend resident's RP had been orders.	e documentation that t	he					
,	An interview was condu o.m. with RN (registered	ucted on 5/12/16 at 1:2 d nurse) #1. When ask	3 ed					

DEPARTMENT	OF HEALTH AND HUMAN	<b>SERVICES</b>
CENTERS FOR	MEDICARE & MEDICAID	SERVICES

	PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			LE CONSTRUCTION	(X3) DATE SUR	
•	495362		B. WING			-C 2/2016
NAME OF PROVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, STAT	TE, ZIP COOE	<u> </u>	
ASHLAND NURSING AND REHABIL	LITATION		MPSON ST ID, VA 2300	·		
PREFIX (EACH DEFICIENCY MUST BE P	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	JX5J COMPLETION DATE
F 157 Continued From page 3 what process staff follower a new order, RN #1 stated the chart and notify the RF  An interview was conducte p.m. with ASM (administra the director of nursing. Wh staff notified the resident's stated that she would expe- with a change in the reside Review of the facility's poli Resident Condition." docur The Clinical Nurse will reco- appropriately intervene in the in resident condition. The Physician/Family/Respons notified as soon as possible Physician/Family/Respons as soon as possible includ significant change, accident treatment Procedure: No physician and agent/surrog a significant change in staff during the shift in which it of On 5/12/16 at 3:20 p.m. As administrator and ASM #2, were made aware of the fire No further information was Basic Nursing, Essential for (Potter and Perry, 2007, pareference source for physical notification. Failure to mor condition appropriately and information to the physicial provider are causes of neg way to avoid being liable for	d, "We document it P."  led on 5/12/16 at 5: let at the staff member) hen asked what this is RP about, ASM # lect the RP to be not lent's condition.  licy titled, "Change umented in part, "Polyognize and the event of a char sible Party will be pole. The sible Part will be not de (sic) but not limit ent/incident, change otification of the logate/contact personatus shall routinely occurs."  ASM #1, the 2, the director of numerical provided prior to entry and provided prior to entry and provided prior to entry and communicate that an or health care gligent acts. The bits and the provided prior to the patient's and communicate that an or health care gligent acts. The bits and the prior to the patient's and communicate that an or health care gligent acts. The bits and the patient's  in  05 #2, ngs 2 stiffied in blicy: nge stiffied red to rein n of beccur  rsing exit. tion a	F 157				

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID:	SERVICES

OTATEL SELE						OMB N	<u>O. 0938-0391</u>
ANO PLAN O	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O		1	PLE CONSTRUCTION	(X3) OATE SU	RVEY
		IOCIVIFICATION NOWB	EK:	A. BUILOIN	G	COMPLE	
		495362		B. WING		<b>[</b>	R-C
NAME OF DE	20/4053 03 0/405/453	<u> </u>	т — — — -			05/1	12/2016
	OVIOER OR SUPPLIER	4 D.U. 1—4—1 G.V.			ATE, ZIP COOE		
ASITEANL	NURSING AND REH	ARILITATION		MPSON S			
		·	ASHLAN	ND, VA 230	005		
(X4) IO PREFIX	(X4) IO SUMMARY STATEMENT OF OEFICIENCIES PREFIX (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATO			10	PROVIOER'S PLAN OF	CORRECTION	[X5)
TAG	OR LSC ID	ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACT	TION SHOULO BE	COMPLÉTION OATE
		·		17.0	CROSS-REFERENCED TO 1	THE APPROPRIATE CY)	JANE
F 157	Continued From page	e 4	<del></del>	F 157		·	<u> </u>
		are, to give competent	health	1 137			
!	care, and to commun	icate with other health	care				
ļ	providers. The physic	cian or health care prov	ider				
	is responsible for dire	cting the medical treat	ment				
	of a patient.		İ				
	4-1 1 11 1						
	*Bipolar disorder, also	o known as					
	manic-depressive iline	ess, is a brain disorder	that				
	levels and the ability	in mood, energy, activ to carry out day-to-day	/ity				
	tasks.	to carry out day-to-day					
		ov/health/topics/bipola	r-dien				
	rder/index.shtml	- 11.10 CIA 11.11 CO 100 OID OID	1 4130				
	**Tramadol is used to	relieve moderate to					
	moderately severe pa	in. Tramadol					
	extended-release tabl	lets and capsules are o	inly				]
	used by people who a	re expected to need					
	https://www.plm.nih.au	pain around-the-clock.					
	ds/a695011.html	ov/medlineplus/druginf	o/me				
	45/4000011.114111						
	2. a. Resident #124 w	as admitted to the facil	ity on				
1	4/26/16 with diagnose	s that included but wer	e not				
	limited to, end-stage k	idney disease, high blo	ood				
	pressure, diabetes and	d chronic c-dif (clostrid	ium				
	difficile).						
	The most recent MDO						
	The most recent MDS						
	date) of 5/3/16 coded	ARD (assessment refer the resident as 13 out	ence				
	on the BIMS indicating		טו וס				
		ake daily decisions. Th	e	j			
	resident was coded as	requiring assistance f	rom				
	staff for all activities of	daily living. In section	"] [				
	Active diagnoses" the	resident was coded as					
	having "ENTEROCOL						
	CLOSTRIDIUM DIFFI	CILE."					
	Review of the abusinia	un'o ordoro 4/20/40					
	Review of the physicia	ans orgers 4/26/16					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETEO	
	495362			B. WING			-C 2/2016
NAME OF PR	OVIDER OR SUPPLIER		STREET AOOF	RESS, CITY, STAT	TE, ZIP COOE		
ASHLANI	NURSING AND REH	ABILITATION		OMPSON ST			:
			ASHLAI	ND, VA 2300	95		
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPR OEFICIENCY)	ULO BE	IX5) COMPLETION DATE
F 157	VANCOMYCIN ORAL (500 MG) BY MOUTH CDIFF"  Review of the MAR (record) for May 2016 "VANCOMYCIN 250M MG BY MOUTH EVE The medication was given to the resident opportunities. On 5/7 (midnight) + 6A (6:00 Further review of the documentation on the Vancomycin was not Review of the May 20 evidence documentation been notified that the the Vancomycin as or An interview was comp.m. with ASM (admir the director of nursing documentation for the Vancomycin not being could not find any not (Vancomycin, ASM #2 An interview was coma.m. with OSM (other pharmacist. When as taking antibiotics as o OSM #8 stated, "If it's would be important for the could be important for the co	DMYCIN 250 MG Ililiter) SOLUTION FOR 250 mg/5ML TAKE 10 H EVERY 6 HOURS FOR THE MEDICAL CONTROL OF TAKE 10ML (INC.) A GOOD TO THE MEDICAL CONTROL OF THE MEDICAL	OML DR  Son  Son  Son  Son  Son  Son  Son  So	F 157			

CLIVIERO	S ON MEDICARE & I	MEDICAID SERVICES		<del></del>		OMB_NC	<u>). 0938-0391</u>
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495362		B. WING			R-C
			T	05/12/2016			
	OVIDER OR SUPPLIER		į.	RESS, CITY, STA			
ASHLANI	NURSING AND REH	ABILITATION	t	OMPSON ST ND, VA 2300	•		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157	Continued From pag	e 6		F 157			<u> </u>
	they're been on antib	iotics and not contagio	us İ				
		school, the elderly woul					
	the same."						
	An intoniou was san	.d.,,,to.d., -,, 5/40/40 -t.0					
		nducted on 5/12/16 at 9 e medical director, Whe					
	asked when if a resid		<b>≓</b> II				}
		ns, ASM #6 stated, ''Af	ter				
		e doctor and the family					
		asked why it was impor					
		ve the antibiotics as ord					
		patient needs to be cle	eared				
	of infection, it can wo treated)."	rsen or spread (if not					
		nducted on 5/12/16 at 1					
		sed practical nurse) #1.					
		cess staff followed if a	1.001				
	#1 stated, "If not able	es of their medications,	LPN				
		ed I notify the MD (med	ical				
		nts something else to b					
	given in its place."	5					
	Roview of the facility	s policy titled, "Change					
		documented in part, "F					
	The Clinical Nurse wi		oney.				
		ne in the event of a cha	inge				
	in resident condition.						
		sponsible Party will be					
	notified as soon as po						
		sponsible Part will be n include (sic) but not lim					
		ccident/incident, chang					
	treatment Procedur		- III				
		surrogate/contact perso	on of				
	a significant change i	in status shall routinely					
	during the shift in whi	ich it occurs."					
	On 5/12/16 at 3:20 p.	.m. ASM #1, the					

DEPARTI CENTER	MENT OF HEALTH AN S FOR MEDICARE & N	D HUMAN SERVICES				FC	d: 05/26/2016 DRM APPROVED
STATEMENT		(X1) PROVIOER/SUPPLIER/O	CLIA ER:		CONSTRUCTION	OMB (X3) DATE S COMPL	
		495362		B. WNG			R-C
NAME OF P	ROVIDER OR SUPPLIER		STREET AOD	<u> </u>	ZIR CODE		/12/2016
ASHLAN	D NURSING AND REH.	ABILITATION	906 TH	OMPSON STR ND, VA 23005	EET		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			IO PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULO BE E APPROPRIATE	(X5) COMPLETION DATE
	administrator and ASI were made aware of the No further information. Basic Nursing, Essent (Potter and Perry, 200 reference source for protification. Failure to condition appropriately information to the phy provider are causes of way to avoid being lial follow standards of cacare, and to communicate, and to communicate, and to communicate for direct of a patient.  *The stool C. difficile to substances produced Clostridium difficile (C. common cause of diar https://www.nlm.nih.go.003590.htm  **Enterocolitis Accorditerature, signs and sy enterocolitis primarily in diarrhea and abdominate that have occasionally constipation, nausea, a https://rarediseases.inf	where the director of number of indings.  In was provided prior to tall for Practice, 6th editor, pages 56-59), was abysician's orders and of monitor the patient's yand communicate the sician or health care of negligent acts. The boole for negligence is to re, to give competent heate with other health care with other health can or health care provicting the medical treatment of the patient's province and the patient's province and the patient's province and the patient's province and the patient of the medical treatment of the patient of the medical treatment of the patient's province and the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the medical treatment of the patient of the p	exit. ition a at est est eealth care der nent ul n is a e. ticle/	F 157	DEFICIENCY		
	ocytic-enterocolitis/resocytic	as admitted to the facilit that included but were dney disease, high blo	e not od				

DEPARTMENT	OF HEALTH AND	HUMAN	SERVICES
CENTERS FOR	MEDICADE 9 MAG	DICAID	CEDMOCE

STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA		N14	(X2) MULTIPLE CONSTRUCTION				
	F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		A. BUILOING		(X3) OATE SU COMPLE	
							R-C
		495362		B. WING		i	12/2016
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOI	RESS, CITY, STA	TE ZIP COOE		12/2010
	NURSING AND REH	ABILITATION	ŀ	OMPSON ST			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADIET I ATTOM		ND, VA 2300			
0(4) 10	SUMMA BY 6	TATELIER OF SERVICE	<u> </u>				
(X4) IO PREFIX	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES IT BE PRECEOEO BY FULL RE	GULATORY	IO PREFIX	PROVIOER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLETION
TAG	OR LSC IO	ENTIFYING INFORMATION)		TAG	CROSS-REFERENCEO TO		OATE
					OEFICIEN	CY)	
F 157	Continued From pag	e 10		F 157			
		124's MAR dated 5/5/1					
		l Supp 1 via rectum QH					
		locumented that the re-	sident				-
		tory on 5/6/16, 5/7/16,					
		5/11/16. Further review	,				
	loose stool as poods	to rectal area after eac d PRN." There was no	n :				
		ne resident had been tr	eafed				
	with the Tucks.	ie resident nad been ti	eateu				
							į
	Review of the physici	an's orders on 5/6/16					
	documented, "C diff s	stool X 1."					
	Review of the unit's 2	4 hour report documer	ited in				
	part:						
	5/6/16, "(Name of res	•					
		ontact Precautions? 11					
		ool. Vanc (Vancomycin	) in				
		armacy, 7-3, ABT; no					
		oose stool X 1. 3-11 (3: ool samp (sample). Ca					
	for pickup,"	ooi samp (sample). Ca	II Iau				
		ident #124). 11-7 Loos	e				'
	Stools."						
	5/9/16, "(Name of res	ident #124). 11-7. Res	ident				;
		autions, 1 reported loo					
:	stoolshe has loose	stools daily. Please F/	U				
		rith a line over it meanir					
		t, she ambulates with l	ose				
	foul stool."	14 1 140 0 14 = = 1	~				
ĺ	5/TU/16, "(Name of re	sident #124)., 11-7. D/	1				
		ool sample called Lab					
		d received. Loose stool "'?contact precaution?"					
		ate room with loose/foul					
		r C-diff. F/U (with) MD	'				
		contact precaution ord	er."				
		sident #124). F/U (with					
	RE: CONTACT PREC	•	•				
							j

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) OATE SURVEY COMPLETEO	
	495362		B. WING 05			R-C 1 <b>2/2</b> 016		
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	fE, ZIP COOE			
ASHLAND	NURSING AND REH	ABILITATION		MPSON ST ND, VA 2300				
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCEO TO TH OEFICIENCY	)N SHOULO BE IE APPROPRIATE	(X5) COMPLETION OATE		
F 157	Continued From pag	e 11		F 157				
:	documentation that the	nt's record did not evide ne physician had been se stools or to follow up precautions.						
	5/10/16 and timed 7: documented in part, 'bladder." 3:00 p.m. to documented in part, 'diagnosis of c-diff (a meaning no) contact private room (with) ro documentation did no physician had been r	'Incontinent of bowel ar o 11:00 p.m. nurse's no 'Rsd (resident) has 0 with a line through it precautions present/ in commate." The ot evidence that the	nd te semi					
	#6, the medical direct anything would he do diagnosis of c-diff co ASM #6 stated, "If the they should call the control of the should call the control of the should call the control of the should call the control of the should call the control of the should call the control of the should call the control of the should call the control of the should call the control of the should call the should call the should call the should call the should call the should call the should be should call the should be	tor. When asked what in if a resident with a ntinued to have loose sey're still having loose stoctor. I would keep the fatill having loose stool	f tools, stools					
	nursing assistance) # Resident #124. When followed if a resident stated, "Notify the nu	iducted with CNA (certiful) the aide caring for in asked what process shad loose stools CNA res." When asked if the loose stools that day, in't had any."	staff #11					
	assistant director of r the 24 hour report for stated, "If I speak hor part of that discussio	nducted with ASM #3, the nursing. When asked at Resident #124, ASM # nestly, I don't recall being." When asked if she withe resident continuing	pout #3 ng would	·				

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C		1 ' '	E CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
	495362		B. WING			-C 2/2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	E, ZIP COOE	1	
ASHLAND	NURSING AND REH	ABILITATION	ſ	MPSON ST ID, VA 2300			
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	Y STATEMENT OF OEFICIENCIES MUST BE PRECEOEO BY FULL REGULATORY C IDENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	LO BE	(XS) COMPLETION DATE
F 157	we would call the door specimen."  On 5/12/16 at 3:20 p. administrator and ASI were made aware of the facility's Resident Condition." The Clinical Nurse with appropriately interver in resident condition. Physician/Family/Resolotified as soon as possible in significant change, and treatment Procedure physician and agent/s a significant change in during the shift in whith Review of the facility's titled, "Comprehensive Assurance)" document Services shall have a monitoring and comminiformation, unusual administrative matters basis. Procedure: Example and the shift in whith the shift in the shift in whith the shift	stor and get a (stool)  m. ASM #1, the M #2, the director of nut the findings.  s policy titled, "Change documented in part, "P Il recognize and ne in the event of a cha The sponsible Party will be exponsible Part will be n nclude (sic) but not lim exident/incident, chang e: Notification of the surrogate/contact perso n status shall routinely ch it occurs."  s policy dated 11/30/20 re 24 Hour Report (Qua nted in part, "Policy: CI written method for nunicating clinical occurrence information is on a twenty-four (24) amples of additional iss sed on the report are a t be considered all incl	orsing  in Policy: Inge  otified ited to e in on of occur  otal 4 ality inical in and hour sues as usive: and exit.	F 157			
	<u>.</u> ,						

DEPAR CENTE	TMENT OF HEALTH AN RS FOR MEDICARE & I	ID HUMAN SERVICES MEDICAID SERVICES				Printed FOI	I: 05/26/20 RM APPROVE	16
STATEME	NT OF OEFICIENCIES NOF CORRECTION	(X1) PROVIOER/SUPPLIER/ IOENTIFICATION NUMB	CLIA		PLE CONSTRUCTION	OMB N (X3) OATE SU COMPLE	10.0938-039 JRVEY	<u>}1</u>
		495362		B. WING			R-C	-
NAME OF	PROVIDER OR SUPPLIER		STREET AGO			05/	12/2016	-
	ND NURSING AND REH	ARII ITATION		RESS, CITY, STA				$\dashv$
	ASH			OMPSON ST ND, VA 2300	TREET 0 <b>5</b>			
(X4) IQ PREFIX	SUMMARY ST	TATEMENT OF OFFICIENCIES		IQ .	PROMOEDIC DI ANI CE CO			
TAG	(EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	PREFIX TAG	PROVIOER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCEO TO THE APPR OEFICIENCY)	II O PE	(X5) COMPLETION DATE	
F 15	The same of the page			F 157				
	(Potter and Perry, 200	07, pages 56-59), was	a	1 137				٦
	reference source for p	physician's orders and	_					
	notification. Failure to	monitor the patient's						
	condition appropriatel	y and communicate that	ıt i				İ	
	Information to the phy	sician or health care		1				1
	provider are causes o	f negligent acts. The b	est					
	way to avoid being lial	ble for negligence is to						
	follow standards of ca	re, to give competent h	ealth					
	care, and to communic	cate with other health o	are					
	providers. The physici is responsible for direct	an or nealth care provi	der					
	of a patient.	ung the medical treatm	nent					
		ed to notify the physicis	,					
	The facility staff failed to notify the physician and responsible party of a request to follow-up							
	with a resident after a	trip to the emergency r	oom.					ŀ
	Resident #115 was add	mitted to the facility on						
	4/26/11 with diagnoses	that included but wen	۽ ا					
	not limited to: cancer, of	cirrhosis, hepatitis C.						
	diabetes, hypertension	, and gastroesophagea	ıl İ					
	reflux disease.	_						
	The most recent MDS	(minimum data set)						
	assessment was an an	nual assessment with a	an					1
	ARD (assessment refer	rence date) of 2/8/16.						
	Resident # 115 was coopossible 15 on the Brief	f Intension for Mantal	ofa					
	Status (BIMS) in Section	n C. Cognitive Pattern				İ		
	indicating the resident v	Was cognitively intact	,			1		1
						ł		
	On 5/4/16 Resident # 1	15 was sent to the					,	
	emergency room of a lo	cal hospital because o	fa					
	complaint of chest pains	s. A review of Residen	t	-				į
į	#115's clinical record re	vealed a nurse's note				ļ		
	dated 5/5/16 at 2:20 a.m	n. that documented,						
	"Resident returned from	(name of local hospita	I).					
	No new orders at this tir	ne. Follow up with MD						
1	(medical doctor) within t	wo days." Review of th	ne		•			
ł	hospital record revealed documentation dated 5/5	the following						
ľ		טרים, דסווסא-up	l	1				

[	DEPARTA SENTERS	MENT OF HEALTH AND S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				FC	d: 05/26/2016 DRM APPROVED
s	TATEMENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		i	(X2) MULTIPLE CONSTRUCTION A. BUILDING		NO. 0938-0391 SURVEY ETED
			495362		B. WING			R-C
N	AME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE 7/D 0 0 D E	U5	/12/2016
		NURSING AND REH	ARII ITATION					
L		1			OMPSON ST ND, VA 2300			
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTII CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
	F 157	Continued From page	e 8		F 157			
		The most recent MDS assessment, with an Aresident as 13 out of 1 the resident was cogn decisions. The resider assistance from staff fliving. The resident was frequently incontinent Active diagnoses" the having "ENTEROCOL CLOSTRIDIUM DIFFICE Resident #125 was ad 2/21/11 with diagnoses limited to: arthritis, high muscle weakness.  Resident #125's most assessment, with an Aresident as having 15 coincident as having 15 coincident as having 15 coincident as needing staff assist living except for eating do after the tray was produced as always being stool.  Review of the resident's evidence that the resident as the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he an observation was mage that the foot of he and observation was mage that the foot of he and observation was mage that the foot of he and observation was mage that the foot of he and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the and observation was mage that the foot of the f	ARD of 5/3/16 coded the son the BIMS indicated it it is on the BIMS indicated it it is on the BIMS indicated it it was coded as required as coded as being of stool. In section "I resident was coded as ITIS** DUE TO CILE."  Imitted to the facility or is that included but were highlighted but were highlighted by the blood pressure and arecent MDS, annual and arecent mas cognitively in its. The resident was cognitively in its. The resident was cognitively in its. The resident was cognitively in its. The resident was cognitively in its. The resident was cognitively in its ance for activities of day which the resident correpared. The resident correpared. The resident correpared. The resident are incontinent of urine and its clinical record did not ent had loose stools.  The resident #124 is and a wheelchair rest to her bed.  The residents #124 is and a wheelchair red.  The residents #124 is and a wheelchair red.	ing aily ing ing  tenot  e tact ded aily uld was and and and				

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		i	R-C <b>2/2016</b>
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOF	RESS, CITY, STA	TE, ZIP COOE		
				OMPSON ST ND, VA 2300	********		
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F 157	brief that was not visit was sitting up in a what her bed.  Review of Resident #4/26/16 documented Type: Chronic CDiff. Isymptoms) infection ordered. Isolation: D/GReview of the physici documented, "D/C (diprecautions."  Review of Resident #5/5/16 documented in and bladder. N.O. (ne supp (suppository) 1 days, tucks to rectal a PRN (as needed) for Review of the physici documented, "Anusol documented, "Anusol	it side, she was wearing by soiled. Resident #1 eelchair placed at the side of	25 foot of  ert. and s 8/16 ted owel sol es) 10 tool	F 157			
	5/6/16 and timed "11- a.m.)Resident remain (antibiotic)/c-diff conti documentation did no physician had been n Review of the nurses' timed "7-3 (7:00 a.m. "Resident had loose s noted when rendering documentation did no	(sic) skilled care, ABT nuesX1 loose stool." t evidence that the otified.  notes dated 5/6/16 and to 3:00 p.m.)" docume stools X1 this shift. No it incontinence care." Ti	The  d nted, blood ne				

DEPARTMENT	OF HEALTH AND	<b>HUMAN SERVICES</b>
CENTERS FOR	MEDICARESM	EDICAID CEDVICES

STATEMENT		ALBIOTHE OLIVICES		<del></del>		OMB	NO. 0938-0391	
ANO PLAN	T OF OEFICIENCIES DF CORRECTION	(X1) PROVIOER/SUPPLIER/(IOENTIFICATION NUMB	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		E CONSTRUCTION	(X3) OATE S	URVEY	
	<del></del>	495362		B. WING	B. WNG		R-C	
NAME OF P	ROVIOER OR SUPPLIER		STREET AOO	RESS, CITY, STAT	717.0005		/12/2016	
ASHLAN	D NURSING AND REH.	ABILITATION						
				OMPSON STE				
0/ 0 / 5	1	. <u> </u>	<u></u> .	ND, VA 2300	5			
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IO PREFIX TAG	PROVIOER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCEO TO THE OEFICIENCY	ON SHOULO BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 157	Continued From page	e 14		F 157			<u> </u>	
	Information: Follow u 115's physician) Call i the clinical record revi most recent physician During an interview or OSM (other staff mem	p with (name of Residen 2 days." Further revieuled documentation of progress was dated 4, 15/11/16 at 3:10 p.m. viber) # 1, medical recons was the most recent	iew of If the Indicate the second sec	1 137				
	documentation that the	clinical record revealed e physician or respons d of the recommendati	ible					
	During an interview on LPN (Licensed practic 115's hospital record with stated that one should 24 hour report, put a night the doctor would know that the doctor with know that the doctor with resident in 2 days, let a know that the doctor with resident in 2 days.	al nurse) #3, Resident vas reviewed. LPN #3 put the information on ote in the doctor's bool know to follow-up with t the RP (responsible pa	t # } the k so the					
	During an interview on LPN # 1, LPN # 1 state information to follow-up 24 hour report and one the doctor's book. LPN the 24 hour report and note. LPN stated that thour report but no note	ed that one would put to be with the physician on would also put a note V # 1 was asked to che the doctor's book for a there was a note on the	he the in ck					
	Review of the 24 hour in following documentation name: Under "Clinical Strotting MD of hyponatres of local hospital) for cheal a.m." Under 7-3 "No copain or discomfort" Under 1940 hours of the compain or discomfort to the following the foll	n: next to Resident # 1 Status Change" "Pleas mia*" Under 11-7 "(nan est pain returned at 2:2 omplaints voiced about	se ne 20					

	DEPAR CENTEI	TMENT OF HEALTH AN RS FOR MEDICARE & 1	D HUMAN SERVICES MEDICAID SERVICES				FC	d: 05/26/201 RMAPPROVE	D
	STATEMEN		(X1) PROVIDER/SUPPLIER/O	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	OMB (X3) DATE S COMPL		1
			495362		B. WING			R-C	
١	NAME OF I	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA		05	/12/2016	
		ID NURSING AND REH	ABILITATION		OMPSON ST				٦
L				ASHLA	ND, VA 230	05			
	(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN	25.000.000.000		
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	F 15				F 157				╛
		pain/distress" Under "	Reminders were boxes	next	. 151				ĺ
		to 'Dr' (doctor) & 'Fam	ıily"" "Time Notified:" (v	vith a İ					1
		place to write the time) neither of the boxes was checked.			i				
		During an interview or	n 5/11/16 at 3:50 p.m. L	DN 4					
		1 offered to call the ph	nysician to see if he wa	-PN#					
		aware of the recomme	endation to follow-up in	2					
		f days. LPN # 1 reporte	ed that the physician di	d not					
		see the Resident and did not know there was a							
		recommendation for a follow-up. LPN # 1 further							
		stated that the physician asked that (name of the medical director) see the Resident.							
		During an interview on 5/11/16 at 4:02 p.m. LPN # 1 stated that she had made a notation in the doctor's book for the medical director to see the							
		Resident.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ile	j				
		During an interview on ASM (administrative st administrator, this cond	aff member) # 1, the cern was shared and th	e					
		facility policies on notif were requested.	ication and 24 hour rep	ort					
		Review of the facility po Condition: Under "Polic	olicy: "Change in Residue; Cy: The Clinical Nurse v	dent vill					
		recognize and appropri of a change in resident	iately intervene in the e condition. The	vent					
		Physician/Family/Resp	onsible Party will be						
		notified as soon as pos	sible." Under "Procedi	ure:					
		The primary Clinical Nuthe nurse manager/sup	irse will communicate t	0					!
		resident condition as it	occurs. This will also h	ne					i
		communicated in the 24	4 hours report as well.	The					
		Physician/Family/Respo	onsible Party will be	-					
		notified as soon as pos-	sible include but not						
		limited to significant cha change in treatment, tra	ange, accident/incident	·					
		and a resulter if its	analendro (discharge).						
				1					

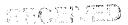
Printed: 05/26/2016 FORM APPROVED OMB NO 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/	114	(X2) MULTIF	PLE CONSTRUCTION		IO. 0938-0391
	OF CORRECTION	IDENTIFICATION NUMB		1	3	(X3) DATE SU COMPLE	
		495362		D VANUA		i	R-C
		490362		B. WING		05/	12/2016
	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP COOE		
ASHLAN	D NURSING AND REH	ABILITATION	ľ	OMPSON S	<del></del> -		
	<u> </u>			ND, VA 230	05		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 157	Continued From pag	e 16		F 157			<del>'</del>
F 157	Review of the facility Hour Report" Under shall have a written in communicating clinica occurrence informatic matters on a twenty-f Under "Procedure: Th complete the 24-hour designated unit and s information such as a LOAs (leave of absenshall be documented shift"  During an interview o ASM # 3, the assistan 3 reported that the me Resident (Resident # was made for any not written.  Prior to exit no further In Basic Nursing, Esse edition (Potter and Pe was a reference sour notification. "Failure t	policy: "Comprehensive "Policy: Clinical Service nethod for monitoring a sal information, unusual on, and administrative four (24) hours basis." The Clinical Nurse shall report form for his/her shift. Updates to the celedmissions, discharges ince), transfers and dear for each unit and each of the celedmister of nurses, Astedical director had seen and the medical director late the medical director of the medical	nsus  with SM # in the quest had  ded.  ), s and	F 157			
	provider are causes o way to avoid being lial	f negligent acts. The b					
	care, and to communi providers. The physici	re, to give competent he cate with other health of ian or health care provicting the medical treatn	are der				
	*Hyponatremia is a co the level of sodium in low.	ondition that occurs whe your blood is abnormal	en ly				

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 17 of 153



	TEMENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	495362			B. WING		R	R-C 05/12/2016	
NAME OF PR	OVIDER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	TE, ZIP COOE			
	NURSING AND REH	ABILITATION	906 THC	MPSON ST ND, VA 2300	REET			
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F 157	Continued From page	e 17		F 157				
	<https: article<br="" ency="" medlineplus="" www.nlm.nih.gov="">/000394.htm&gt; 4. Resident #116 was admitted to the facility on 5/3/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #116's admission</https:>					ļ		
	and depression. On Resident #116's admission nursing assessment dated 5/3/16, he was coded as having both short term and long term memory problems. He was coded as having a history of depression, but was coded as not having any							
	behaviors. He was co	coded as having an alteration due to cognitive decline.						
	10/10/13 and most re 11/21/14 with diagnosto: chronic obstructive pilepsy, heart failure stroke. On the most a set), a quarterly assessment reference #130 was coded as himpairment for making scored eight out of 15 interview for mental shaving exhibited no b back period.	was admitted to the facility on ost recently readmitted on agnoses including, but not limited tructive pulmonary disease, failure, agitation and history of a most recent MDS (minimum data assessment with (ARD) erence date 3/10/16, Resident d as having moderate cognitive making daily decisions, having to f 15 on the BIMS (brief ental status). He was coded as d no behaviors during the look						
	revealed the following at 7:30 p.m. and writte practical nurse) #11: hall giving out medica [wing number] by other on floor in hallway. D [Names of other resid him fall but they heard extremely confused w	al record for Resident #g nurse's note, dated 5/g nurse's note, dated 5/g en by LPN (licensed "Charge nurse on mideation. Called to Front Her residents. Resident lenies pain or discomfolents] state they didn't so d him hit the floor. Resident wandering and fumbling the point the roommater.	dle dall noted ort. see		·			

l	STATEMENT	OF OEFICIENCIES			200		OMB	NO. 0938-0391	
I	ANO PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/( IOENTIFICATION NUMBI	CLIA ED:		IPLE CONSTRUCTION	(X3) OATE S		
Į			, January No. 11 Ok No.	_,,,	A. BUILDIN	4G	COMPL		
١			495362		B. WING			R-C	
İ	NAME OF PE	ROVIDER OR SUPPLIER	<u> </u>				05	05/12/2016	
ļ		D NURSING AND REH,	ADU ITATION			TATE, ZIP COOE		· · · · · · · · · · · · · · · · · · ·	
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L		<u>.                                    </u>	,		TAG	CROSS-REFERENCEO TO OEFICIEN	THE APPROPRIATE	DATE	
	F 157	Continued From page	e 18		F 453		<del></del>		
			sic). MD (physician) ca	llad	F 157				
		and made aware of fa	ill. Request b/p (blood	lieu					
		pressure) to be reche-	cked. BP 132/60Cal					!	
		placed to MD. Awaiting	ng return call @ (at) thi	s				1	
		time."	O ( 1)	_					
				į					
	i	A review of the Admis	sion Care Plan for Res	ident					
		#116 dated 5/2/16 liste	ed the following						
		interventions under the	e heading						
		"Falls/Safety/Elopeme	ent Risks:" Orthostatic						
		hypotension precautio	rns (to prevent low bloc	d					
		pressure when quickly ambulation devices as	sitting or standing up)	.					
		cognitive status as abi	ility to ask for assistant						
	1	assess resident footwe	ear for fit and non ekid	e,					
	ŀ	soles, encourage activ	itv safety checks						
		orthostatic BP (blood p	oressure) checks						
			, , , , , , , , , , , , , , , , , , ,						
		Further review of the c	clinical record revealed	no I					
		further evidence that the	ne facility staff notified						
		Resident #116's physic	cian or RP of the threat						
		made by Resident #13	60.						
		On 5/11/16 at 5:50							
		On 5/11/16 at 5:50 p.m staff member) #3, the a	i., ASM (administrative						
		nursing, was interviewe	assistant director of	1					
		referenced nurse's note	eu regalullig lile apove e . She was askod to						
		provide the surveyor w	ith an incident report o	nd				1	
		investigation, or any otl	her evidence that of	lu					
		physician and RP notifi	ication of the threat						
		Resident#130 made to	Resident #116. She						
	!	stated that she did not I	have any further						
	(	documentation regardir	ng this incident. She						
	;	stated that she was aw	are that the nurse work	king					
	1	the floor when the incid	lent occurred separated	d _					
	t	he residents immediate	ely, and kept Resident						
	7	#116 at the nurse's stat	ion until Resident #130	)				1	
	ן ן	nad gone to sleep. She	e stated that when	İ	į	•			
		Resident #130 went to s	sieep, the facility staff						
		assisted Resident #116	back into his bed (in th	ne i					
				1	I			1 1	

DEPARTMENT OF HEALTH AND	HUMAN SERVICES
CENTERS FOR MEDICADE & MI	110101111111111111111111111111111111111

Printed: 05/26/2016 FORM APPROVED

07477147117 0			LDICAID SERVICES			OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) OATE S COMPLE	urvey
		495362		B. WING		R-C 05/12/2016	
NAME OF P	ROVIDER OR SUPPLIER		STREET AOOF	RESS, CITY, ST	「ATE, ZIP CODE		12/2010
ASHLAN	D NURSING AND REH	ABILITATION		OMPSON S			
	, 555				OIREE!		j
0(0.10				ND, VA 23			
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCEO TO THE API OEFICIENCY)	HOLLOBE	(X5) COMPLETION OATE
F 157	Continued From page	e 19			<del></del>		
	same room as Reside			F 157			
	Servic Looks as Meside	;III # 13U).					
	On 5/11/16 at 6:10 p.r	m., LPN #11 was					
	interviewed about the	above referenced incid	dent.				
	She stated that she w	as initially focused on	ļ				
	Resident #116's fall a	nd on assessing him fo	гany				
	injuries. She stated th	nat her assessment					
	revealed no apparent	injuries for Resident#	116.				i
	She stated that Reside	ent #116 was being "ve	ery				-
	loud and unsteady" in	his room, and that Res	sident				
	#130 said: "If you can	n't make him sit his					[
	[expletive] down, I will	make him sit it down."	She				
	stated that she put Re	sident #116 in a wheel	chair				
	and took him to sit at t	the nurse's station for the	ne i				
	duration of the shift. S	She stated that Resider	nt				
	#130 went to sleep, ar	nd she assisted Reside	nt				
	#116 back to his bed a	at that time. She stated	I that				
	she told the supervisor	r about this, and that th	e			1	
	supervisor told her to r	make sure the resident	s				
	were separated and m	onitored to make sure					
ĺ	there were no other inc	cidents. When asked i	f she				1
	notified the physician of	or RP of the threat, she					
	stated: "No, I didn't. I	know I should have. I	was				
	more focused on the fa	all. I told them about th	e				
	fall, but I didn't tell ther	n about the rest."					
	On E/10/40   0 00 :=	N. 400 - 4					] ]
	On 5/12/16 at 8:25, LP	'N #9, the unit manage	ī.	1			
	was interviewed regard	ling what she would do	if				
-	she was notified of a re	esident threatening and	ther				
	resident. She stated th	nat the residents should	l be	i			
	separated for safety. S	She stated that she wou	ıld				
	alert the director of nur	sing. She stated that t	ne	ı			
	doctor and the RP shou	uld also be notified.					
1	On 5/10/16 at 0:40 =	LDN #40 #					
	On 5/12/16 at 8:40 a.m	L, LPN #10, the evenin	g				
	supervisor on 5/9/16, w	/as interviewed regardi	ng				
	the process to be follow	ved when a resident wa	as				<b>!</b>
]	threatened by a roomm	nate. She stated: "If it	was				
	an actual threat, I would	d separate them and no	otify				
] !	my boss. I would get w	itness statements from	1				
			1	Į.			1

FORM CMS-2567(02-99) Previous Versions Obsolele

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CLIAICK	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES	' <u>.</u>	····		Printe F(	DRM APPROVE
STATEMENT ANO PLAN (	FOF DEFICIENCIES DEFORRECTION	(X1) PROVIDER/SUPPLIER/O	CLIA ER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION .	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		495362		B. WING		R-C	
NAME OF PI	ROVIDER OR SUPPLIER	·	STREET AOC	DRESS, CITY, STATE		05/12/2016	
ASHLAN	D <b>NU</b> RSI <b>NG</b> A <b>N</b> D REH.	ABILITATION					
			ASHL/	IOMPSON STR AND, VA 23005	EET I		
(X4) IO PREFIX TAG	LEACH DEFICIENCY MUS.	TATEMENT OF OEFICIENCIES T BE PRECEOED BY FUILL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIOER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCEO TO THE AP	JOHN ORE	(X5) COMPLETION OATE
F 157	Continued From page	20		<u>                                     </u>	OEFICIENCY)		
	anvone who saw or he	eard anything, whether		F 157			
	was staff or residents	eard anything, whether ." When asked how sh	It				
	determined that a three	eat was an "actual" one	e ,				Ì
	stated: "An actual thre	eat would be if a patien	, sne •				
	said that they would h	urt someone or had ac	tuallu				
	hurt someone." When	asked about the abov	Lually				
	referenced incident be	tween Resident #116	and				
	Resident #130, she sta	ated: "It was not broug	iht to				
	me as a threat," She s	said that another staff					
	member had told her t	hat Resident #130 had					
	made a statement and	I that we needed to do					
	something about Resid	dent#116 falling all ove	er the	j			
	place." She stated that	it her concern was muc	·h				
	more about the resider	nt's unsteadiness and r	isk	i			
1	for falls. When asked	if the physician and RP	1				
	should have been notif should have been notif	fied, she stated that bot fied.	th				
	On 5/11/16 at 5:50 p.m	., ASM #1. the					
	administrator, ASM #2,	the director of nursing					
	ASIVI #3, the assistant of	director of nursing and					
	ASIVI #4, the regional c	onsultant, were informe	ed				
	of these concerns.						
	A review of the facility p	oolicy entitled "Residen					
]	Incident/Accident Repo	rts" revealed in part #	`	İ			
[ ]	following: "Any happen	ling not consistent with					
, ,	outine operations of the	e facility or care of a					
ין.	esident may warrant th	e completion of an					]
	ncident reportFollowi	ng nursing assessment	t,				
ĮĮ	ne physician will be not	tified of any noted or	1				]
8	suspected injury, and w	ill implement appropria	te				
1	nterventions. The ever	nt, along with assessme	ent	ĺ			
[-	inysician and other regi	uired notification will be	÷				
10	locumented in the clinic	cal record. Resident's		}			1
Ti	amily or legal represent ncident."	tative will be notified of					

No further information was provided prior to exit.

DEPARTI CENTER:	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES				FC	d: 05/26/2016 DRM APPR <b>O</b> VED
STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		CLIA ER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE S	
		495362				COMPL	R-C
NAME OF ST	NAME OF PROMPTS			B. WING		05	/12/2016
		4-11		RESS, CITY, STAT			
AOTILANI				OMPSON ST ND, VA 2300			
(X4) IO	SUMMARY STATEMENT OF OFFICIENCIES			ID I	PROMOTERIO DI AMOSTO		
PREFIX TAG	(EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			PREFIX TAG	PROVIOER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCEO TO TH OEFICIENCY	N SHOULO BE E APPROPRIATE	JX5J COMPLETION OATE
F 157	Continued From page	e 21		F 157		·	
	10/10/13 and most red 11/21/14 with diagnost to: chronic obstructive epilepsy, heart failure, stroke. On the most reset), a quarterly assessment reference #130 was coded as hard impairment for making scored eight out of 15 interview for mental st having exhibited no be back period.  Resident #116 was ad 5/3/16 with diagnoses schizophrenia, dementand depression. On Resident was considered as having both short temproblems. He was considered as a considered as	tes including, but not line pulmonary disease, agitation and history of ecent MDS (minimum of sement with (ARD) and additional decisions, having on the BIMS (brief atus). He was coded a chaviors during the look mitted to the facility on including, but not limited to the facility on including, but not limited the high blood pressured the seident #116's admissionated 5/3/16, he was codern and long term membed as having a history oded as not having any ded as having an alterague to cognitive decline.  Tecord for Resident #1' nurse's note, dated 5/9, in by LPN (licensed)	ed to:				
; ; ; [	practical nurse) #11: "( nall giving out medicati wing number] by other on floor in hallway. De Names of other reside	Charge nurse on middle on. Called to Front Hale residents. Resident no nies pain or discomfort.	II oted				
F   6   a   u	nim fall but they heard I extremely confused wa around in the room to the	him hit the floor. Resid ndering and fumbling ne point the roommate :). MD (physician) calle	ent				

DEPARTMENT	OF HEALTH AND	<b>HUMAN SERVICES</b>
		DICAID SERVICES

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) OATE SU	(X3) OATE SURVEY	
				The Solicon Ng		COMPLETEO R-C		
		495362		B. WING			05/12/2016	
	OVIOER OR SUPPLIER	. = 11 1=		RESS, CITY, STA				
ASHLANI	NURSING AND REH	ARILIATION		OMPSONST ND, VA 2300				
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			IO PREFIX TAG	PROVIOER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCEO TO TI OEFICIENC	ON SHOULO BE HE APPROPRIATE	IX5) COMPLETION DATE	
F 157	I3			F 157	······································			
	pressure) to be rechecked. BP 132/60Call placed to MD. Awaiting return call @ (at) this time."							
	record contained no e #130's physician or R	otes after 5/2/16. The evidence that Resident	nt					
	On 5/12/16 at 1:10 p.m., LPN #8 was interviewed regarding what should be done if a resident makes a threat against another resident. She stated: "It should go in both resident charts. I would write a note in each of the charts. I would say what happened and who I called." When asked whom she would notify, she stated: "The doctor and the family."							
	On 5/12/16 at 1:15 p.m., LPN #9, a unit manager, was interviewed regarding what should be documented if a resident makes a threat against another resident. She stated that the events should be documented in both residents' progress notes. She stated that after the residents are separated and the physician and RP are notified, everything that happened with both residents should be documented.							
	On 5/12/16 at 3:10 p.m., ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing, and ASM #4, the regional consultant, and ASM #5, the corporate MDS consultant, were informed of these concerns.							
	No further information COMPLAINT DEFICIE	was provided prior to	exit.					
(F 225}	483.13(c)(1)(ii)-(iii), (c	(2) - (4)		(F 225}				

DEPARTI CENTER	MENT OF HEALTH ANI S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				FOR	MAPPROVED
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/C IDENTIFICATION NUMBE	CLIA ER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
	495362			B. WNG		R-C	
NAME OF PR	ROVIOER OR SUPPLIER		STREET AOD	RESS, CITY, ST	ATE ZIP COOF	05/1	2/2016
ASHLANI	D NURSING AND REHA	ABILITATION		OMPSON S			
			ASHLA	ND, VA 230			
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS:	FATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI OEFICIENCY)	D DC	(X5) COMPLETION DATE
{F 225}	Continued From page	e 23		{F 225}	<del></del>		
SS=D				{1, 229}			
	ALLEGATIONS/INDIV				1. Resident #116 no longer re	cidac	6/22/14
					in the facility. Resident #130	socidos	1412414
	The facility must not e	employ individuals who	have		in a private room.	esides	
	been found guilty of a	busing, neglecting, or					
	mistreating residents	by a court of law; or ha	ve		2. Residents currently residing in the		
	had a finding entered into the State nurse aide				center have the potential to b	e	ŀ
	registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property;				affected. A review has been		
	and report any knowle	edge it has of actions b	епу;		conducted by the		
	court of law against ar	n employee, which wou	y a ild		administrator/designee of faci	lity	
	indicate unfitness for s	service as a nurse aide	or i		reported incidents within the	last	
	other facility staff to th	e State nurse aide regi	istry		thirty (30) days to ensure that		
	or licensing authorities	3.	,		policies were implemented		
	Th - #- 100 .				regarding allegations of abuse		•
	involving mistra et man	re that all alleged viola	tions		3. In-servicing has been provided	, 404 +=	
	involving mistreatmen including injuries of ur	t, neglect, or abuse,	ĺ		current employees by the	ieu to	
	misappropriation of re-	sident property are rep	2424		administrator/dealers		
	immediately to the adr	ministrator of the facility	vand		administrator/designee regard	ling	
	to other officials in acc	cordance with State law	r and r		implementation of polices for	abuse;	.
	through established pr	rocedures (including to	the		including investigating abuse.	Α	1
	State survey and certif	fication agency).			random weekly review for faci	lity	İ
	Th - 5- 30				reportable incidents will be		ļ
	The facility must have	evidence that all allege	ed		conducted by the		İ
	violations are thorough prevent further potential	nly investigated, and m	ust		administrator/designee weekly	/ for	
	investigation is in prog	ai abuse Wille Ine			three (3) months to ensure tha	it .	
	and a game to the prog	1000.			policies have been implemente	2H	ì
	The results of all inves	tigations must be repo	rted		including investigations for fac	ility	
	to the administrator or	his designated			reportable incidents has been	nity	
	representative and to d	other officials in accord	ance	i	Conducted as required to "		
	with State law (including	ng to the State survey a	and		conducted as required for alleg	gation	ľ
	certification agency) w	ithin 5 working days of	the		of abuse.		
	incident, and if the alle	ged Violation is verified	'				
	appropriate corrective action must be taken.						

This Requirement is not met as evidenced by:

STATEMENT OF	DECICIENTE						DRM APPROV
STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	LE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY	
						СОМР	
		495362		B. WING		R-C	
	DER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE 7/2 00-	05/12/2016	
ASHLAND N	URSING AND REHA	ABILITATION	906 THC	MPSON ST	TO DE TE		
		J	ASHLA	ND, VA 230	KEE I De		
(X4) IO	SUMMARY ST	TATEMENT OF DEFICIENCIES		(D) 1A 250			
	OR LSC IDENTIFYING INFORMATION)		GULATORY	id Prefix Tag	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIC DATE
1	ontinued From page	e 24		{F 225}			
Res 10/1 11/2 to: c epile strok set), asse	returnent review and as determined that the vestigate an allegation use, and to protect a use for one of 30 remple, Resident #116 e facility staff failed ident in which Resident #116. The manently separate eat occurred.  The findings include:  Sident #116 was addressed to the was addressed in the was addressed to the was a	staff interview, facility clinical record review, in the facility staff failed to on of resident to reside a resident from further sidents in the survey 6.  to thoroughly investigated the facility staff failed to the facility staff failed to the facility staff failed to the residents after this mitted to the facility on including, but not limited ia, high blood pressure esident #116's admission ted 5/3/16, he was codorm and long term memored as having a history of ded as not having any led as having an alterate to cognitive decline.  Initted to the facility on intly readmitted on sincluding, but not limited building building b	te an o o d to: on led ory of	{F 225}	4. Results of the review discussed by the administrator/designee Quality Assurance Perfo Improvement meeting n three (3) months. The cwill recommend provision plan as indicated to sust substantial compliance.	at the rmance nonthly for ommittee	

DEPA CENT	RTMENT OF HEALTH AN FERS FOR MEDICARE &	ND HUMAN SERVICES				Printer FO	d: 05/26/201 RM APPROVE
STATE	MENT OF OEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	LIA R:	(X2) MULTIPL A. BUILOING	E CONSTRUCTION	(X3) OATES	NO. 0938-039 URVEY
		495362		l		COMPLE	R-C
	OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT		05/	12/2016
	90 AS			OMPSON STE	REET		
(X4) IO PREFI TAG	X (EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES BY BE PRECEOEO BY FULL REC ENTIFYING INFORMATION)	BULATORY	IO PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION) CROSS-REFERENCEO TO THE A OEFICIENCY)	SHOULD DE	(X5) COMPLETION DATE
{F 2	<ol> <li>Continued From pag back period.</li> </ol>	e 25		{F 225}	OET/OE/OT/		
	in the same room: 5/ at 7:40 a.m. and 5:15 a.m., Resident #116 v moved to a different revealed the following at 7:30 p.m. and writte practical nurse) #11: hall giving out medica: [wing number] by othe on floor in hallway. De [Names of other reside him fall but they heard extremely confused wa around in the room to upset and threating (si and made aware of fal pressure) to be rechec placed to MD. Awaitin time."  A review of the Admiss #116 dated 5/2/16 liste interventions under the "Falls/Safety/Elopemer hypotension precaution pressure when quickly ambulation devices as	I record for Resident #1' I nurse's note, dated 5/9, en by LPN (licensed "Charge nurse on middle tion. Called to Front Haler residents. Resident notes pain or discomfort. ents] state they didn't set him hit the floor. Residenting and fumbling the point the roommate of the point the point the roommate of the point the point the roommate of the point the point the point the point the point the point the roommate of the point the p	/16 0 een 16 /16 e III bted eent is				

STATEMEN	OF DEFICIENCIES	(X1) PROVIOER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-0391		
ANO PLAN	OF CORRECTION	IDENTIFICATION NUMB	ER:		NG	(X3) DATE S COMPL		
	495362			B. WING			R-C	
	ROVIDER OR SUPPLIER		STREET ADD	DESS CITY OF	TATE, ZIP COOE	05	/12/2016	
ASHLAN	D NURSING AND REH	ABILITATION						
1			ASHLA	OMPSON S ND, VA 23	OOR OOR			
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES		14D, VA 23				
PREFIX	(EACH DEFICIENCY MUST	TBE PRECEOED BY FULL DE	GUI ATORY	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
TAG	OR LSC IDE	ENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCEO TO	TION SHOULD BE	COMPLETION	
					DEFICIENT	THE APPROPRIATE	OATE	
{F 225}	and an in page	e 26		{F 225}		<del></del>	_!	
	Resident #130's threa	its to Resident#116, o	-	(* ====)			İ	
	assessed Resident#1	116 for safety needs. T	he i					
	record revealed no ev	idence that Resident #	116					
	Resident #130.	rther threats or harm fr	om					
	1100 acm # 150.							
ı	On 5/11/16 at 3:55 n n	n., LPN (licensed pract	:1					
	nurse) #2 was intervie	wed regarding the	icai					
	procedure to be follow	ed when one resident						
	threatens another resid	dent. She stated: "The	t					
	could be considered a	buse." She stated that	the					
	residents are separate	d, and that the staff sh	ould					
	try to determine the ca	use of the conflict Shi	e [				1	
	stated that one of the r	esidents should be			1			
	assigned to another ro	om in the facility. She						
	stated that the social with incident at the pove	orker would be informed	ed of					
Ì	the incident at the next the interdisciplinary tea	. day's morning meeting	gof					
	- moraleospiniary toe	4111.					İ	
	On 5/11/16 at 4:00 p.m	OSM (other staff		•				
	member) #7, the socia!	Worker, was interview	ed				1	
1	regarding the procedur	e to be followed when	one					
	resident threatens anot	her resident. She state	ed					
	that the residents shoul	ld be immediately						
	separated, and the safe	ety of the resident who	has					
	peen threatened should	d be ensured. She stat	ed					
	f the incident happens	during a weekday, she	_					
	would be notified immed She stated if the incider	ulately by the floor staf	f.				1	
5	she would be told at the	next morning mosting	Β,				1	
5	She stated once she wa	as informed of the					i i	
ji	ncident, she would imm	nediately go to interview	v					
] [	oth residents, and mak	ce sure that a permane	nt					
l L	oom change had alread	dy been made. She sa	id					
l S	ne would attempt to fac	cilitate that room chanc	e if					
U	ne incident occurred du	ring office hours on a						
, w	eek day. When shown	n the above referenced		}				
l R	urse's note regarding the desident #130 to Reside	ne inreat made by						
W	as not aware of that	will go aboad and '					\ .	
	was not aware of that. I will go ahead and make					İ		

DEPARTI CENTER	MENT OF HEALTH AN S F OR MEDICARE &	ND HUMAN SERVICES MEDICAID SERVICES				Printed: 05/26/201 FORM APPROVE	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO, 0938-0391 (X3) DATE SURVEY COMPLETED	
	495362		B. WING			R-C	
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION			906 TH	STREET ADDRESS, CITY, STATE, ZIP CODE  906 THOMPSON STREET ASHLAND, VA 23005			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMIC CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE CR		
{F 225}	Continued From pag	Continued From page 27			DEFICIENCY)		

{F 225}

On 5/11/16 at 5:50 p.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed regarding the above referenced nurse's note. She was asked to provide the surveyor with an incident report and investigation regarding the threat Resident #130 made to Resident #116. She stated she did not have any further documentation regarding this incident. She stated she was aware that the nurse working the floor when the incident occurred separated the residents immediately, and kept Resident #116 at the nurse's station until Resident #130 had gone to sleep. She stated when Resident #130 went to sleep; the facility staff assisted Resident #116 back into his bed (in the same room as Resident #130).

sure they are separated."

On 5/11/16 at 6:10 p.m., LPN #11 was interviewed about the above referenced incident. She stated she was initially focused on Resident #116's fall and on assessing him for any injuries. She stated her assessment revealed no apparent injuries for Resident #116. She stated Resident #116 was being "very loud and unsteady" in his room, and Resident #130 said: "If you can't make him sit his [expletive] down, I will make him sit it down." She stated she put Resident #116 in a wheelchair and took him to sit at the nurse's station for the duration of the shift. She stated Resident #130 went to sleep, and she assisted Resident #116 back to his bed at that time. She stated she told the supervisor about this, and the supervisor told her to make sure the residents were separated and monitored to make sure there were no other incidents. When asked if she recorded any of this information in the clinical record, she stated: "No, I didn't. I know I should have." When asked if she took any action to

J2WF12

If continuation sheet Page 28 of 153



DEPARTMENT	OF HEALTH AN	D HUMAN SERVICES
		MEDICAID SERVICES

1						OMB N	O. 0938-0391
	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/O		(X2) MULTIF	PLE CONSTRUCTION	(X3) OATE SU	RVEY
ANOPLANO	F CORRECTION	IOENTIFICATION NUMBI	ER:	A. BUILOING	3	COMPLE	
							R-C
		495362		B. WING			2/2016
NAME OF PR	ROVIOER OR SUPPLIER		STREET ADD	ESS, CITY, STA	ATE 313 0000		1414010
	NURSING AND REH	ARII ITATION					
, , , , , , , , , , , , , , , , , , , ,	ONOING AND RED	ADICITATION		OMPSON S	···		
			ASHLA	ND, VA 230	05		
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		10	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE	GULATORY	PREFIX	(EACH CORRECTIVE ACT)	ION SHOULO BE	COMPLETION
	01/ 130 10	ENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO T		DATE
(5.00-)	<u> </u>				OEFICIENC	Y)	
{F 225}	'			{F 225}			
	notify the social work	er, she stated: "No, I d	id				
	not." She stated she	notified the unit manag	er of				
	what happened when	she returned to work t	he				
	next morning.		-				
	_						
	On 5/12/16 at 8:25. L	PN #9, the unit manage	er.				1
	was interviewed rega	rding what she would d	- , In if				
	she was notified of a	resident threatening an	other				
	resident. She stated	the residents should be	9				
	separated for safety.	She stated she would	alert				
	the director of nursing	<ol> <li>When asked if she w</li> </ol>	rould				
	document any of her	actions, she stated that	sho				
	would write a nurse's	note about what happe	ned				
	and about any action	she took. She stated t	ho				
	doctor and the RP (re	sponsible party) should	l elec				
	he notified Mhan as	ked if she was told abo	i aiso				
	incident between Res	ident #116 and #130, s	utan '				
	stated: "I didn't book	exactly what was said.	ne				]
	was just told they was	exactly what was said.	'				
:	that we need to get the	e arguing. I told the nu	irse				1
	this information yet th	em moved." When asl	red if				1
	this information was s	hared in the morning					1
	meeting at any point,	she stated: "I brought	the				
i	chart to the morning n	neeting on [the day					1
	Tollowing the incident	(5/10/16)." She stated	:				
ŀ	"There absolutely sho	uld have been an					
	investigation." She st	ated she could not reca	all				
	exactly what she had	shared or what had bee	∍n				
į	discussed at the morn	ning meeting on 5/10/16	S				
	5						
	On 5/12/16 at 8:40 a.r	n., LPN #10, the eveni	ng				
ĺ	supervisor on 5/9/16,	was interviewed regard	ling				
	the process to be follo	wed when a resident w	as .				j i
ļ	threatened by a room:	mate. She stated: "If it	was				
	an actual threat, I wou	ıld separate them and r	notify				
	my boss. I would get	witness statements from	n				
	anyone who saw or he	eard anything, whether	it				
	was staff or residents.	" When asked how she	e !				
	determined that a thre	at was an "actual" one,	she				1
	stated: "An actual thre	eat would be if a patien	1	İ			
	said that they would hi	urt someone or had act	ually				
ľ	,						1

	S FOR MEDICARE & MODE OF DEFICIENCIES				FC OMB	DRM APPROVI NO. 0938-03
AND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IA (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE S	
		(0.70.0		<del></del> _	COMPL	ETED
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		495362	B. WING		05	R-C /12/2016
	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
ASHLANI	D NURSING AND REHA	ABILITATION 906 TI	HOMPSON STR	EET		
			AND, VA 23005	;		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY	ID	PROVIDER'S PLAN OF CORREC	TION:	
TAG	OR LSC IDE	ENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO	ILD DE	(X5) COMPLETION
SW 255 DENTH THYS HAPORA		<b>,</b>	TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	OATE
{F 225}	Continued From page	29	{F 225}	DETICIENCY)		
		asked about the above	{IF 220}			
	referenced incident be	etween Resident #116 and				
	Resident #130, she st	ated: "It was not brought to				
	me as a threat." She	said that another staff				1
i	member had told her f	Resident #130 had made a				1
	statement and that we	needed to do something				ŀ
į	about Resident #116 f	alling all over the place."				
	She stated her concer	n was much more about				ŀ
	etated a CNA (+)	iness and risk for falls. She				
	Recident #116 the rem	nursing assistant) sat with				
i	make sure he was safe	nainder of the night shift to e. She stated: "We kept				1
	him safe all night We	monitored him all night."				
	She stated if she had b	neen told exactly what	!			
	Resident #130 had sai	d, she would have moved				
	Resident #116 to a diffe	erent room. When asked if				
ľ	she passed on any info	ormation about this incident	[			
1	to the next shift, she st	ated: "I would have				
i	passed it on myself. It	was not on the 24-hour				
	report. I should have p	ut it on there." When				
	asked if the incident sh	ould have been	!			
1,	irrvestigated as an incid	dent of abuse, she stated:				
	res. Tes it should hav	ve. If I had known what				
	really happened, I woul	d nave."	į			
1.	On 5/11/16 at 5:50 n m	, ASM #1, ASM #2, ASM				
1 #	#3. the assistant directo	or of nursing, and ASM #4,				
t	he regional consultant	were informed of these				
	concerns. Policies rega	arding resident				
8	safety/protection from a	buse were requested.				
,	Yraviou of the feetiles -	olieva e setti. I um				
	huse" revealed is see	olicy entitled "Resident				
2	Abuse" revealed, in part ibusive act is any act or	r, the following: "An				
٥	ause or causes actual	physical, psychological or				
ء ا	motional harm or initia	to a residentAny action				İ

that may cause or causes actual physical, psychological or emotional harm, which is not caused by simple negligence, constitutes abuse...Furthermore, the Administration of The

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA		(X2) MULT	IPLE CONSTRUCTION	OMB NO. 0938-0391		
ANO PLAN (	JF CORRECTION	IOENTIFICATION NUMBER:		A. BUILOII	A BUILOING		(X3) OATE SURVEY COMPLETED	
	49536		B. WING			R-C		
	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET AOOF	DRESS, CITY, STATE, ZIP CODE 05/12/2016				
ASHLANI	D NURSING AND REI	HABILITATION		OMPSON S				
			ASHLA	ND, VA 23	005			
(X4) IO	SUMMARY S	STATEMENT OF OEFICIENCIES	<del>'</del>					
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCEO TO THE APPROPROFICIENCY)	0 DE	(X5) COMPLETION OATE	
{F 225}	Continued From pag	ge 30		{F 225}			<u> </u>	
	Company recognizes	s that resident abuse ca	n be	(1 225)				
	committed by other r	esidents, visitors or						
	VolunteersAll repor	rted events (bruises, skir	۱					
	i lears, falls, inappropi	riate or abusive behavio	rs)					
	Services Any ample	by the Director of Clinical	1					
i	has knowledge of an	oyee who witnesses or work act of abuse or an alleg	vho [					
	of abuse to a residen	nt is obligated to report s	ation					
	information immediat	tely to their supervisor."	OCII					
	No further information	n was provided prior to e	exit.					
{F 226}	483.13(c) DEVELOP/IMPLMENT			{F 226}				
SS=D	ABUSE/NEGLECT, E		(1 220)	1. Resident # 116 no longer re	sides	16/22/16		
	Th. 6 (0)				In the facility.		(102114)	
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents				2. Residents currently residing	in the		
					center have the potential to be			
	and misappropriation	of resident property	5		affected. A review has been			
	and misappropriation of resident property.				conducted by the		1	
					administrator/designee of facil	itu		
	This Dead				reported incidents within the la	.Ly		
İ	Based on observation	not met as evidenced by:			thirty (30) days to ensure that a	131	1	
	document review and	n, staff interview, facility clinical record review, it			investigation was conducted.	ın		
,	was determined that to	he facility staff failed to			3 In-servicing heads :			
i	implement a policy to	investigate an allegation	of .		3. In-servicing has been provid	≙d to		
1	resident to resident ab	ouse, and to protect a	1 01		current employees by the			
i	resident from further a	abuse for one of 30			administrator/designee regardi	ng		
1	residents in the survey	y sample, Resident #116	S		investigating allegations of abus	se. A		
Į.			ľ		random weekly review for facili	ty		
l i	ncident in which Rock	to thoroughly investigate dent #130 threatened to	e an		reportable incidents will be			
ì	narm Resident #116	The facility stoff failed to			conducted by the		,	
ŗ	narm Resident #116. The facility staff failed to permanently separate the residents after this				administrator/designee weekly	for		
t	hreat occurred.	Journal Miles Miles			three (3) months to ensure that	.5.	İ	
					investigation has been conducte	\d = =		
<b>∫</b> T	he findings include:		į		required for allegation of abuse	eu as		
] <sub>F</sub>	Resident #116 was add	mitted to the facility on			Salen en abase	'		
5	/3/16 with diagnoses i	including, but not limited	to:				1	
			LU.				1	

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		/EY
495362			B. WING		R-C 05/12/2016	
NAME OF PROVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	TE, ZIP COOE		
			OMPSON ST ND, VA 2300	<del></del>		
PRÉFIX (EACH DEFICIENCY MUST	SUMMARY STATEMENT OF OEFICIENCIES (EACH DEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			PROVIOER'S PLAN OF CORRECTION IEACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION OATE
(F 226) Continued From page	e 31		(F 226}			
schizophrenia, demer and depression. On I nursing assessment of as having both short it problems. He was concepted as having behaviors. He was concepted as a concepted and most result of the concepted as a concepted	ntia, high blood pressures and taken the state of the sta	sion oded mory y of ry ration e.  n mited of a data nt ive ng as ok erved i1/16 10 been #116 /9/16 dle Hall noted ort. see	(F 226)	4. Results of the reviews will he discussed by the administrator/designee at the Quality Assurance Performance Improvement meeting month! three (3) months. The commit will recommend provisions to plan as indicated to sustain substantial compliance.	e y for ttee	

STATEMENT OF CORPECTION  ADDITION OF PROVIDER OR SUPPLIER ADDITION OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED ON STREET ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  SIMULATED OR SUPPLIER ASHLAND NURSING AND REHABILITATION  PREPRY TAG  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  Continued From page 32  (F 226)  A review of the Admission Caro Plan For Resident ##18 dated 5/2/16 listed the following interventions under the heading pressure when quickly stilling or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess resident footwear for file and non-skid soles, encourage activity, safely obsects, orthostatic SP (littled free footweeled no further evidence that the faility staff addressed Resident ##130 stroats to Resident ##16, or assassed Resident ##16 for sadely needs. The record revealed no evidence that Resident ##16, or assassed Resident ##16 for sadely needs. The record revealed no evidence that Resident ##16, or assassed Resident ##16 for sadely needs. The record revealed no evidence that Resident ##16, or assassed Resident ##16 for sadely needs. The record revealed no evidence that Resident ##16, or assassed Resident ##16 for sadely needs. The record revealed no evidence that Resident ##16, or assassed	ſ			I SERVICES				OMD	NO ODER OF	ט
ASSABLAND NURSING AND REHABILITATION  SUMANY STATEMENT OF PROPERTY (CACHO CONTINUED TO PROPERTY OF A SHALAND, VA 23005)  SUMANY STATEMENT OF PROPERTY OF A SHALAND, VA 23005  SUMANY STATEMENT OF PROPERTY OF A SHALAND, VA 23005  SUMANY STATEMENT OF PROPERTY OF A SHALAND, VA 23005  (F 228)  CRACH CORRIGINATION OF ILEGAL WATER OF THE SHALAND, VA 23005  (F 228)  CONTINUED FROM THE SHALAND, VA 23005  (F 228)  EXTERELY CONTINUED FROM THE SHALAND, VA 23005  EXPERITE FROM THE SHALAND, VA 23005  (F 228)  EXTERELY CONTINUED FROM THE SHALAND, VA 23005  (F 228)  EXTERELY CONTINUED THE SHALAND, VA 23005  EXPERITE FROM THE SHALAND, VA 23005  EXPERITE FR	STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:				(X3) OATE SURVEY		1
ASHLAND NURSING AND REHABILITATION  ASHLAND NURSING AND REHABILITATION  ASHLAND, VAI 3005	495362									
ASHLAND NURSING AND REHABILITATION  96 THOMPSON STREET ASHLAND, VA 23005  PREFIX  (EACH OFFICIENCY MUST RE PRECEDED SY FULL REQUILATORY)  OR LISE OCCENTPHYMOLINFORMATION)  PREFIX  (F 226)  Continued From page 32  extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sci). MD (physician) called and made aware of fall. Request bip (blood pressure) to be rechecked. Be 132/80 Call placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed the following interventions under the heading "Falls/Safety/Elipoment Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly sitting or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess resident flootwear for fit and non-skid soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #130 from further threats to Resident #116 or assessed Resident #100.  On 5/11/16 at 3:55 p.m., LPN (kensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threatens another resident. She stated: "That could be considered abuse." Sho stated that the staff should by to determine the cause of the conflict. She stated that he social worker would be informed of the incident at the social worker would be informed of the incident at the sect adays morning meeting of	ſ	NAME OF PE	ROVINER OR SUBBLIED	L				05	/12/2016	
(XV) D SUMMARY SYME MAY FOR DEDICATION TO THE PROPERTY OF DEDICATION (EACH COSPECTION FRACTORY (EACH COSPECTION FRACTORY CONTINUED BY PRESCOOD BY PULL REQUILATORY TAG PREFIX TAG CACH COSPECTION SHOULD BE APPROPRIATE OF THE	l				STREET AOOR	ESS, CITY, STA	TE, ZIP COOE			_
(X-9)00 PREFRY (EACH OBTICENCY MUST BE PROCEDURE PROCEDU	ł	VOUPUM	906 1				REET			
SMMARY STATE WENT OF DEFIGENCES TAG  (EACH DEPICIARLY MUSTE PERCECOS FYEUL REGUL/YORY TAG  (EACH DEPICIARLY MUSTE PERCECOS OF YEUL REGUL/YORY TAG  (F 226)  Continued From page 32     extremely confused wandering and fumbling around in the room to the point the room to the point and made aware of fall. Request by 6 blood pressure) to be rechecked. BP 132/60. Call placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated \$72/16 listed the following interventions under the heading "rails/Safety/Elopement Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly stiffing or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess resident footwear for fit and non-skid soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #105 for safety needs. The record revealed from further threats or harm from Resident #100.  On \$5/11/16 at 3.55 p.m., LPN (licensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threatens another resident. She stated: "That could be considered abuse." She stated that the exidents are separated, and that the staff should by to determine the cause of the conflict. She stated that the social worker would be informed of the incident at the next day's morning meeting of	ŀ				ASHLAN	ND, VA 2300	)5			
RESIDENTIAL REGILATORY ROSE SICKEMPTING INFORMATION  (F 226)  Continued From page 32  extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called and made aware of fail. Request bity (blood pressure) to be rechecked. BP 132/60. Call placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed the following interventions under the heading "Falls/Safety/Elopement Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly sitting or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess rasident footwar for fit and non-skid soies, encourage activity, safety checks, orthostate BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #130's threats to Resident #116, or assessed Resident #116 for safety needs. The record revealed no ovidence that Resident #116 or ovidence that Resident #116 or necord revealed from further threats or harm from Resident #130's threats to Resident #116 or safety needs. The record revealed from further threats or harm from Resident #130's threats to Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that Resident #116 or safety needs. The record revealed no solvence that the resident #130's threat to record revealed no solvence that the resident #130's threat to record revealed no solvence that the resident #130's threat to record revealed no solvence that the reside	l		SUMMARY ST	FATEMENT OF OEFICIENCIES						
(F 226) Continued From page 32 extremely continued wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called and made aware of fail. Request by (blood pressure) to be rechecked. BP 132/80. Call placed to MD. Awating return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed time following interventions under the heading "Falls/Safety/Elopement Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly sitting or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess resident footwear for fit and non-skid soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #105 threats to Resident #116, or assesses Resident #116 for safety needs. The record revealed no evidence that Resident #116 was protected from further threats or harm from Resident #130.  On 5/11/18 at 3:55 p.m., LPN (licensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threaters another resident. She stated: "That could be considered abuse." She stated that the residents are separated, and that the staff should ray to determine the cause of the conflict. She stated than the social worker would be informed of the incident at the next day's morning meeting of	l		LEACH DEFICIENCY MUS-	TBE PRECEOEO BY FULL BE	GULATORY		PROVIOER'S PLAN OF CORRE	CTION		_
(F 226) Continued From page 32 extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called and made aware of fall. Request by (blood pressure) to be rechecked. Br 132/50Call placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed the following interventions under the heading "Falls/Safety/Elopement Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly sitting or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess rosident footware for fit and non-skid soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #130* threats to Resident #116, or assessed Resident #130* threats to Resident #116 or assessed Resident #116 for safety needs. The record revealed no evidence that Resident #116 was protected from further threats or harm from Resident #30* threats to Resident #116 was protected from further threats or harm from Resident #30*.  On 5/11/16 at 3:55 p.m., LPN (icensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threatens another resident. She stated: "That could be considered abuse." She stated that the residents are separated, and that the staff should try to determine the cause of the conflict. She stated that the scaled hould be informed of the incident at the next day's morning meeting of the incident at the next day's morning meeting of	l		OK LSC IOE	ENTIFYING INFORMATION)			CROSS-REFERENCEO TO THE APP	DULO BE		
extremely confused wandering and fumbling around in the room to the point the roommate is up-set and threating (sic.). MD (hysician) called and made aware of fall. Request bip (blood pressure) to be rechecked. Bp 132/60. Call placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed tine following interventions under the heading "Falis/Safety/Elopoment Risks." Orthostatic hypotension precautions (to prevent low blood pressure when quickly sitting or standing up), ambulation devices as necessary, assess cognitive status as ability to ask for assistance, assess rosident footwear for fit and non-skid soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #130's threats to Resident #116, or assessed Resident #116 for safety needs. The record revealed no widence that the facility staff addressed Resident #130's threats to Resident #116 was protected from further hireats or harm from Resident #130.  On 5/11/16 at 3:55 p.m., LPN (licensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threatens another residents. She stated that the cause of the conflict. She stated that one of the residents should be assigned to another room in the facility. She stated that one of the residents should be assigned to another room in the facility. She stated that one of the recident should be the incident at the next day's morning meeting of	ŀ	(F 200)					OEFICIENCY)	1107 11211		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
{F 226}	Continued From page	∋ 33		{F 226}				
	regarding the procedures ident threatens and that the residents sho separated, and that the has been threatened stated that if the incide weekday, she would the floor staff. She standard after hours,	al worker, was interviewed to be followed where to be followed where the resident. She stauld be immediately the safety of the resident should be ensured. She that happens during a per notified immediately attentiated that if the incident is she would be told at the she would review both residents, and annent room change has the said that she would at room change if the ang office hours on a well above referenced number and the work was the said that she would at room change if the ang office hours on a well above referenced number at made by Resident stated: "I was not awas stated: "I was not awas a stated: "I was not awas stated: "I was not awa	n one ated  t who he she ad d eek se's #130 are of					
	On 5/11/16 at 5:50 p.m., ASM (administrative staff member) #3, the assistant director of nursing, was interviewed regarding the above referenced nurse's note. She was asked to provide the surveyor with an incident report and investigation regarding the threat Resident #130 made to Resident #116. She stated that she did not have any further documentation regarding this incident. She stated that she was aware that the nurse working the floor when the incident occurred separated the residents immediately, and kept Resident #116 at the nurse's station until Resident #130 had gone to sleep. She stated that when Resident #130 went to sleep, the facility staff assisted Resident #116 back into his							

DEPARTMENT	OF HEALTH AND	HIMAN SER	VICES
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CENTERS FOR	MEDICARE & M	IFDICAID SED	MACEC

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STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
						COMPLI		
	495362			B. WING		0.5	R-C	
NAME OF PE	ROVIOER OR SUPPLIER		STREET AOOI	RESS, CITY, STATE	7IP COOF		/12/2016	
ASHLANI	DINURSING AND REH	IABILITATION		OMPSON STR				
				ND, VA 23005				
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		<del></del> -				
PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			IO PREFIX TAG	PROVIOER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCEO TO OEFICIEN	TION SHOULO BE THE APPROPRIATE	(X5) COMPLETION DATE	
{F 226}	Continued From pag	ie 34		{F 226}		<del></del>		
		m as Resident #130).		\(\ 220\)				
	On 5/11/16 at 6:10 p. interviewed about the She stated that she we Resident #116's fall a injuries. She stated to revealed no apparent She stated that Resid loud and unsteady" in #130 said: "If you car [expletive] down, I will stated that she put Reand took him to sit at duration of the shift. \$\frac{\pi}{2}\$#130 went to sleep, at \$\frac{\pi}{2}\$#116 back to his bed a she told the supervisor supervisor told her to were separated and me there were no other in recorded any of this in record, she stated: "Near the stated if the supervisor, when asked if	m., LPN #11 was a above referenced incidenced in a sessing him for hat her assessment a injuries for Resident #16 was being "vere his room, and that Resident #116 was being "vere his room, and that Resident #116 in a wheeled the nurse's station for the She stated that Resident #116 in a wheeled the nurse's station for the stated that Resident #16 in a wheeled the nurse's station for the stated that the stated that the stated that the stated that the stated in about this, and that the make sure the resident production of the stated in formation in the clinical stated in the stated in	or any  116. ery sident  She chair he at that he s f she					
[1	manager of what happ work the next morning	ened when she returne	ed to				;	
	On 5/12/16 at 8:25, LP was interviewed regard she was notified of a resident. She stated the separated for safety. Salert the director of nurwould document any othat she would write a mappened and about a stated that the doctor a	"N #9, the unit manager ding what she would do esident threatening and nat the residents should She stated that she wou sing. When asked if sh f her actions, she stated nurse's note about wha ny action she took. She and the RP should also f she was told about an	off ther d be Uld ne d t					

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J2WF12

If continuation sheet Page 35 of 153



DEPARTMENT OF HEALTH AND HUMAN	<b>SERVICES</b>
CENTERS FOR MEDICARE & MEDICAID	SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES		<del></del>			OMB_NO	O. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		- 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETED	
		495362		B. WING		R-C 05/12/2016		
NAME OF PR	OVIDER OR SUPPLIER		STREET AOO	RESS, CITY, STA	ATE, ZIP COOF			
ASHLANI								
			ASHLA	OMPSON ST				
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATIONI			IO PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPR DEFICIENCY)	SHOULO BE COMPLETION		
{F 226}	Continued From page	e 35		{F 226}		<del></del>	<u> </u>	
	incident between Res	sident #116 and #130, s	she	` `				
		exactly what was said.					1	
		re arguing. I told the nu						
	that we need to get th	nem moved." When as	ked if					
	this information was s	shared in the morning					1	
		she stated: "I brought	the					
	chart to the morning r			]				
		] (5/10/16}." She stated	<b>1</b> ·				1	
	"There absolutely sho						1	
		tated she could not rec	all					
		shared or what had be						
	discussed at the morr	ning meeting on 5/10/1	6.					
:	On 5/12/16 at 8:40 a.	m., LPN #10, the even	ing					
		was interviewed regard						
	the process to be follo	owed when a resident v	was					
	threatened by a room	mate. She stated: "If i	it was					
		uld separate them and						
		witness statements fro						
		eard anything, whether						
		." When asked how sh						
		eat was an "actual" one						
		eat would be if a patier						
		nurt someone or had ac					1	
		n asked about the abov						
		etween Resident #116					[ ]	
		tated: "It was not broug	gnt to					
		said that another staff that Resident #130 had						
			-					
		d that we needed to do						
		ident#116 falling all ov						
		at her concern was mu ent's unsteadiness and						
		ent's unsteadiness and hat a CNA (certified nu					[	
		· ·	۱ -					
		sident #116 the remain ake sure he was safe.						
j	stated: "We kept him		one					
		it." She stated that if s	ha					
had been told exactly what Resident #130 had said, she would have moved Resident #116 to a					:			

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID	SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O			PLE CONSTRUCTION G	(X3) DATE SU	
		ļ				COMPLE	
		495362		B. WING			R-C
NAME OF PR	ROVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, STA	ATE ZIR CODE	U5/	12/2016
ASHLANI	D NURSING AND REH	ABILITATION		OMPSON S			
				ND, VA 230			
(X4) ID	SUMMADVE	TATE MENT OF DESIGNATION		170	<del></del>		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	tXS) COMPLETION OATE
{F 226}	Continued From page	e 36		{F 226}			
		n asked if she passed c	n	{1 220}	:		
	any information about	t this incident to the nex	ct 🤄				
	shift, she stated: "I w	ould have passed it on					
	myself. It was not on	the 24-hour report. Is	hould				ì
'	have put it on there."	When asked if the inci	dent				
	should have been inv	estigated as an incider	t of				
	abuse, she stated: "Y	es. Yes it should have	. If I				
	had known what really	y happened, I would ha	ive."				
	On 5/11/18 at 5:50	- AOBAMA AOBAMA					
	#3 the assistant direct	m., ASM #1, ASM #2, A stor of nursing, and ASi	ASM				
	the regional consultar	nt, were informed of the	VI #4,				
	concerns. Policies re	n, were infolitied of the narding resident	se				
	safety/protection from	abuse were requested					
	• • • • • • • • • • • • • • • • • • • •	and there requests	'				
	"A review of the facility	y policy entitled "Resid	ent				
	Abuse" revealed, in pa	art, the following: "An					
	abusive act is any act	or omission, which ma	у				
	cause or causes actua	al physical, psychologic	al or				
	emotional harm or inju	ıry to a residentAny а	ection				
	that may cause or cau	ises actual physical,					
	psychological or emot	ional harm, which is no	t				1
,	caused by simple negli	ingerice, constitutes the Administration of Ti		·			
	Company recognizes t	that resident abuse car	ie Dho				•
	committed by other re-	sidents, visitors, or	. ne	;			
	volunteersAll reporte	ed events (bruises, skir					
	tears, falls, inappropria	ate or abusive behavior	rs)				
	will be investigated by	the Director of Clinical					
	ServicesAny employ	ee who witnesses or w	ho				
	has knowledge of an a	ict of abuse or an alleg	ation				
	or abuse to a resident	is obligated to report s	uch				
	information immediate		_				
1	abuse or neglect, the s	ely upon an allegation o	ot				
	segregated from reside	ouspeci(s) shall be					
	investigation of the alle	ents pending the egation. An incident re	nort				
1	shall be filed by the inc	lividual in chame who	JUIL				
	received the report in a	conjunction with the per	son				
	who reported the abus	e. This report shall be	filed				
	This report shall be filled						1 1

STATEMENT	STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA		2110	(X2) MULTIPLE CONSTRUCTION			UMB NO. 0938-0391	
ANO PLAN OF CORRECTION IDENTIFICATION NUMBER:				3	(X3) OATE SURVEY			
				, a objective		COMPLETEO		
		495362		B. WNG		R-C		
NAME OF PE	NAME OF PROVIDER OR SUPPLIER STREET ADD					05/1	2/2016	
				RESS, CITY, STA				
ASTLANI	NURSING AND REH	ABILITATION		OMPSON ST				
			ASHLA	ND, VA 230	05			
(X4) ID	SUMMARYS	TATEMENT OF OFFICIENCIES		10	PROMPEDIA DI ANCARA			
PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEOED BY FULL RE	GULATORY	PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	DN	(X5) COMPLETION	
IAG	OR LSC IO	ENTIFYING INFORMATION)	:	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE	
(F 00 0)					OEFICIENCY)			
{F 226}	, -3			{F 226}			<del>'</del>	
	as soon as possible i	n order to provide the n	nost					
	accurate information	in a timely fashion, and	1					
	submitted to the Abus	se Coordinator						
	No further information	n was provided prior to	exit.	•				
F 241				<b>-</b>				
	INDIVIDUALITY	IND REGILOT OF		F 241			_	
00 2					1 Booldant Mason		6/22/16	
	The facility must prom	note care for residents	ina		1. Resident #120 is wearing c	othing	4122114	
	manner and in an env	vironment that maintain	ina		garments that are free from		İ	
	enhances each recid	ent's dignity and respec	s or		residents name visible to the I	oublic		
	full recognition of his	ents dignity and respec	מו זי		2. Residents currently residing	Jubiic.	:	
	ruii recognition of this	or her maividuality.			2. Residents currently residing	; in the		
					center have the potential to b	e		
	This Poquiroment is	moderna de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la			affected. Observations have b	een		
	Based on observation	not met as evidenced b	py:		conducted by the			
	document review and	n, staff interview, facility	<u>'</u>		administrator/designee for re	-:		
	document review and	clinical record review i	t was		additional and the second seco	sidents		
	dignity for any of 20	y staff failed to promote	•		currently residing in the cente	r to	j l	
	uightity for one of 30 n	esidents in the survey			ensure that residents are dres	sed in		
	sample; Resident #12	20.			a dignified manor.			
	Foolist and state of				3. In-servicing has been provi	ded to		
	Pacific statistics to p	promote dignity by allow	ving	Ï	current employees by the	2000		
	resident#120 to dres	ss in pants that were la	peled			_		
		e on the outside, visible	to f		DCS/designee to include groot	_		
	the public.				and dressing residents in a dig	nified		
i	The findings insteads		1		manor while adhering to resid	lents		
	The findings include:		Į		request. Random weekly			
	Resident #120 was as	dmittad to the feeture			observations will be conducte	d for	j	
	3/31/2008 with 2:	dmitted to the facility on						
	not limited to hypothesis	oses that included but w	/ere		five (5) residents five (5) time			
}	not limited to hypothyr	rotustii, Alzhelmers		İ	week for three (3) months by	the		
	hehavioral disturbance	ressure, dementia with			DCS/ designee to ensure that			
	Resident #130%	e, and anxiety disorder.			residents clothing are present		1	
İ	Data Sett was a accept	recent MDS (Minimum					]	
	ARD (occoment of	erly assessment with a	n		and free from outside labeling	2.		
	Posidont #430	erence date) of 2/13/16						
	impoised in access	oded as being severely	_				] [	
	The BIME (Deleties :	status scoring 3 out of 1	5 on					
	the BIMS (Brief Intervi	iew for Mental Status)					[ [	
	exam. Resident#120	was coded as requiring	g					

STATEMENT OF OFFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA		2114	(X2) MULT	PLE CONSTRUCTION	OMB N	IO. 0938-0391	
ANO PLAN O	FCORRECTION	IOENTIFICATION NUMB	ER:	A. BUILOIN	G	(X3) OATE SURVEY	
						COMPLETEO	
		495362		B. WING		R-C	
NAME OF PR	OVIOER OR SUPPLIER	<u> </u>	STREET ACORS	RESS, CITY, STATE, ZIP COOE		05/	12/2016
ASHLAND	NURSING AND REH	ABILITATION					
			ASHI AN	MPSON S ID, VA 230	TREET		
(X4) IO	SUMMARY ST	TATEMENT OF OEFICIENCIES		U, VA 231			i
PREFIX	(EACH DEFICIENCY MUS	T BE PRECEOSO BY FULL RE	GULATORY	IO PREFIX	PROVIOER'S PLAN OF CORRECTI	ON	(X5)
TAG	OR LSC IO	ENTIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO	O DE	COMPLETION OATE
E 0.44					OEFICIENCY)	PRIATE	9,112
F 241	F 241 Continued From page 38			F 241			
	extensive assistance	from staff with dressing	g. /				
	tolleting, personal hyg	jiene, and bathing; and					
	supervision with amb	ulation.	İ		4. Results of the reviews will	be	
	On 5/12/16 at 0:00 a	m., Resident #120 was			discussed by the		
	observed walking out	of the dining room. Sh			administrator/designee at the	i	
	had a resident's name	e labeled on the back o	ie f bar		Quality Assurance Performance	-0	
	pink sweat pants; visit	ble from a few feet awa	i ilei		Improvement meeting month	.⊂ 	
			ľ		three (3) months. The commi	iy for	
	On 5/12/16 at 10:15 a	.m., Resident #120 wa	s		will recommend and it	ttee	
	observed walking in th	ne hallway. She was st	ill		will recommend provisions to	the	
j	wearing the pink swea	at pants.			plan as indicated to sustain		1
	On El10110 -140.45				substantial compliance.		
	ohserved sitting in the	.m., Resident #120 wa	s				
	observed sitting in the dressed in the pink sw	oining room. She was	still				
	aroccoa in arc pink sw	reat pants.					
ŀ	On 5/12/16 at 10:41 a.	.m., an interview was	İ				
	conducted with LPN (L	icensed Practical Nors	se)				
	#5. When asked how	to maintain dignity in					
1	regards to resident clo	thing she stated, "Clot)	ning				
	should be presentable	, nothing revealing, and	d [				
	clean." When asked h	low clothing should be					
	labeled she stated, "In:	side the clothing." Who	en				1
	asked what should har labeled on the outside,	open it she noticed clot	hing				
	wouldn't be able to thro	, sile stated, vveil i					
	am not sure." At 10:44	a.m I PN #5 looked	3+				[ ]
	Resident #120's pants	and said, "Well that's r	not				
	her name. This reside	nt passed away and th	e l				
1	tamily donated her clot	hes." LPN #5 was not					
(	certain if a different res	ident's name labeled c	n i			i	į
	the outside of Resident #120's pants was a						
'	dignity issue.					ļ	
(	On 5/12/16 at 11:00 a.r	m an intondous		j			
	conducted with LPN #3	In an interview was				İ	
r	maintain dignity in rega	rds to resident clothing					
S	she stated, "Make sure	clothes are clean and	'				
r	neat." When asked how	w clothing should be					ļ
Section of the stating should be							İ

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STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION IOENTIFICATION NUMBER:				2) MULTIPLE CONSTRUCTION BUILOING		(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		R	k-C
NAME OF P	NAME OF PROVIOER OR SUPPLIER STREET AGO		05/12/2016 RESS, CITY, STATE, ZIP COOE				
1	D NURSING AND REH	A RITUTATION	1				
	- NOTCHIO AND NET	ABILITATION		OMPSON ST ND, VA 2301			
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		10	PROVIOER'S PLAN OF CORRECTI		(X5)
PREFIX TAG	(EACH 0EFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	∩ BE	COMPLETION DATE
F 241	F 241 Continued From page 39 labeled she stated, "In the inside of the clothing."			F 241			
	She stated that clothi	ing should be labeled o	n the				
	inside to maintain res	sident dignity. She state	ed				
	that she would black	out the name with a ma	arker				
	if she noticed a reside	ent was wearing clothin	g that				1
	had their name writte	n on the outside.			•		
	Review of the facility	s "Resident's Rights an					. [
	Responsibilities" police	cy documents in part th	iu o	•			
	following: "Privacy A.	To be treated in a man	ner				
	and in an environmer	nt that maintains or					
	enhances your dignit	y, and respect in full					1
	recognition of individu	vality and privacy"					
	Mosby's Essentials for Nursing Assistants, 3rd edition, page 441, documented, "Quality of life is important for all persons with confusion and						
	dementia. Nursing co under OBRA. They r	enter residents have rig may not know or be able	e to				
	the person's rights. T	However, the family kn They want those rights		:			
	loved one. The perso	t respect and dignity for In has the right to privac	r the Cy				
	and confidentiality. P	rotect the person from					
	care are present for c	e involved in the person	r's				
	Jano and prodern for t	are and procedures.					
	On 5/12/16 at 2:54 p.m., ASM (Administrative Staff Member) #2, the DON (Director of Nursing) was made aware of the above concerns. No further information was presented prior to exit.		sing)				
F 248				F 248			
	248 483.15(f)(1) ACTIVITIES MEET S=E INTERESTS/NEEDS OF EACH RES			r 248	1. Resident #120 was assesse		6/22/16
	The facility must provide for an ongoing program of activities designed to meet, in accordance with			reflect activities are individua meet the resident's interest.	lized to	141661141	
	the comprehensive as	ssessment, the interest	s and		2. Residents currently residing	a in the	
	the physical, mental,	and psychosocial well-t	peing		center have the potential to be	g in the	
	of each resident.				affected. A review has been	ЭЕ	
					arrected. A review has been		

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J2WF12

If continuation sheet Page 40 of 153



Printed: 05/26/2016 FORM APPROVED

STATEMENT	OF OEFICIENCIES	041, 855		1		OMB N	IO. 0938-0391
AND PLAN C	OF CORRECTION	(X1) PROVIOER/SUPPLIER/O IDENTIFICATION NUMBI	CLIA ER:	A. BUILDIN	IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	IRVEY
		495362		B. WING		R-C	
NAME OF PR	ROVIDER OR SUPPLIER		STREET AGEN			05/1	12/2016
	D NURSING AND REH.	ABII ITATION			TATE, ZIP CODE		
			THI GOE	MPSON S	STREET		
(X4) IO	ST INVENTOR OF	T.T.C. (-)		ND, VA 23	005		
PREFIX	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DESCRIPTION)		CULATORY	iO	PROVIOER'S PLAN OF CORRECT	ion	(Ve)
TAG			GULATURY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	I D DC	(XS) COMPLETION
				170	CROSS-REFERENCED TO THE APPRO OEFICIENCY)	PRIATE	DATE
F 248	F 248 Continued From page 40		· · · · · · · · · · · ·	F 248	<del></del>	<u>-</u>	
				1.740			
	This Requirement is	not met as evidenced b	ov:		conducted by the		
	Based on observation	), staff interview, facility	,		conducted by the activities		
	document review, and	clinical record review	it		director/designee to ensure	that	
٠	was determined that t	the facility staff failed to			appropriate activities program	ms havo	İ
	provide activities that	meet the resident's nee	eds		been identified to include res	ident	
	on one of three nursin	ng units, Unit 3.			interests and psychosocial we	ااد	
	The findings include:				being.	-11	1 [
	The sindings include.				3. In-servicing has been prov		,
	On 5/12/16 at 8:00 a.r	m observation of the			the activities amply	ided to	1 1
į	secured unit (Unit 3) v	vas conducted. Twelve	(12)		the activities employees by the	1e	
	residents were in the	dining/activity room eat	ina		administrator/designee regar	ding	
	breakfast. Two nursing	g aides were in the roo	n for	provision of activities that meet the			
	supervision.		,01		resident's interest and psycho	osocial	
	A -1		ļ		well being. Random weekly		1
	On 5/12/16 between 9	):00-9:48 a.m., 13 resid	ents		observations will be conducte	d for	
	were in the dining/activ	vity room sitting at the			five (5) residents per week for	r throa	İ
	tables. Only one resid	ent out of the 13 was			(3) months by the	инее	
	finishing up breakfast. on the overhead TV th	A television program \	was		administrator/designee to ens		
i	Two residents were ob	served falling sales :	9.		that appropriate a vivi	sure	
	their chairs. One to two	o nursina aides were	1		that appropriate activities tha	t meet	
	observed in the room f	for supervision At 9.28			the resident's individual intere	est and	
	a.m., a hospice aide fro	om (Hospice Company	,		psychosocial well being.		
	was observed sitting no	ext to Resident #120			4. Results of the reviews will be	oe .	
	Resident #120 was res	stless sitting at a table v	vith		discussed by the		
	no activity to go. The f	nospice aide was obser	ved		administrator/designee at the		
	to be on her phone for	approximately five min	utes		Quality Assurance Performanc	_	
İ	before she stood up ar	nd left the room. Resid	ent		Improvement meeting month		
	#120 remained sitting a or stimulation.	at the table with no acti	∨ity		three (3) months. The commit	y tor	
					Will recommend	tee	]
	Review of the activity c	alendar dated May 201	16		will recommend provisions to	the	[
	documented the followi	ing for 5/12/16 "9-15		İ	plan as indicated to sustain		
	Coffee and Conversatio	on." This activity did no	ot		substantial compliance.		
	occur.	,a //c		i			
	A						
	An observation was ma	ade on 5/12/16 at 9:48 i	:o				į
	10:30 a.m. of the activit	ties room on the secure	ed	į			
			1	ļ		i	1

FORM CMS-2567(02-99) Previous Versions Obspiete

J2WF12

If continuation sheet Page 41 of 153



	MENT OF HEALTH ANI S FOR MEDICARE & N						d: 05/26/2016 RMAPPROVED NO. 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI. AND PLAN OF CORRECTION IDENTIFICATION NUMBER					(X3) DATE S	URVEY
		495362		B. WING		05	R-C /1 <b>2/2</b> 016
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
ASHLANI	D NURSING AND REH,	ABILITATION	l	OMPSON S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETION DATE
F 248	Continued From page	e 41		F 248			<del></del>
	1 . –	esidents sitting at bare		' -70			1
	tables. There was one	e, CNA (certified nursin	ıα				
		ndance. The television					
		n old movie. No reside					
		evision. The residents					
ï		a.m. a staff member c					
	into the room, offered	residents the opportur	nity to				
		ss and took six resident					
		O went into the closet in					
	room and removed a	wire toy with wooden					
	colored balls on the w	ires and placed it in fro	ont of				
	one of one of the resid	dents. The resident did	not				
		l 0 stated, "They love (r					
		ere and laugh." The Ci					
	changed the channel						
	residents did not watc	th the program.	i				
	At 10:35 a.m., on the	secured unit, four resic	lents				1
		activity/dining room. Th					
	residents did not atter	nd "Kevin Sings the					
	Classics," an activity s	scheduled after the exe	rcise				į l
	activity in the main dir	ning room The next t	wo				
	residents were observ						
	themselves. A TV pro	gram (game show) wa	s on		}		
	the overhead televisio	n that no one was wate	ching.				
	Review of the activity	calendar dated 5/12/16	3 at				
		ed the following activity					
1	residents on the secur						
	On 5/12/16 at 11:15 a.	.m., an interview was					
j	conducted with OSM #						
	When asked who was	responsible for ensuring	ng				
	activities are planned	and coordinated on the	-				
	secured unit she state	d, OSM #3, an activity					

assistant during the day shifts (7-3). When asked if the activity calendar should coincide with what the residents are actually doing she stated, "Well yes and no. Back there (secured unit) it can be very challenging to implement a program. We

DEPARTMENT OF HEALTH AND HUMAN .	SERVICES
CENTERS FOR MEDICARE & MEDICAID	

OLIVILIX	STOR MEDICARE & I	T SERVICES		<del>-,</del>		OMB N	NO. 0938-0391
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	urvey
		495362		B. WING		050	R-C
NAME OF DR	OVIDER OR SUPPLIER	l	CERETARRA			05/	12/2016
	D NURSING AND REH	A DUBLITATION	İ	ESS, CITY, STA	·		
000 []			MPSON ST ND, VA 230	•			
(X4) IO PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	[X5] COMPLETION DATE	
F 248	Continued From pag	 e 42		F 248	DEFICIENCY	1	
. 210				F 248			
	adapt programs to how residents are cooperating or feeling. She was not sure why scheduled activity "Coffee and Conversation" was not implemented.						
	conducted with OSM When asked when the and Conversation" or occur." She stated the morning smoke break units, and was require supervise the smoker her planned activity of a.m. When asked whe scheduled activity procurred she stated, "She stated that she to from the secured unit "Exercise with Joel" a Classics" in the main "Because the group be	•	coffee did not or the er d into :15 her." he dd, stay				
	room." When asked w	what the remaining sed to do that	-				
	on the secured unit sh	ne stated, "I told the C! nagazines, or whateve	NA's				
	wanted to keep them why the CNAs did not	entertained." When as provide art therapy sh	sked ne				
	brushes for everyone, we cannot do because	do not have enough pa . A lot of activities that e we do not have enou	l plan gh				
	supplies for everyone." She stated that she was responsible for planning the activities for the entire month of May. She stated that she does not have training on residents with dementia but she researches activities at all different levels of cognitive status and function for the residents on the secured unit. She stated, "Not all residents have dementia on that unit but they have		pes				
			s of s on	·			

DEPARTA CENTERS	MENT OF HEALTH ANI S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				FOR	: 05/26/2016 RM APPROVED 0. 0938-0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE		1	(X2) MULTIPLE CONSTRUCTION A. BUILOING		IRVEY TEO
		495362		B. WING			R-C 12/2016
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOF	RESS, CITY, STA	ATE, ZIP CODE		
ASHLAND	NURSING AND REH	ABILITATION	906 TH	OMPSON S <sup>-</sup> ND, VA 230	TREET		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCEO TO THE A OEFICIENCY)	SHOULO BE	(X5) COMPLETION OATE
F 248	248 Continued From page 43 behaviors. I think training would be helpful." OSM #3 stated that she only has training in childhood behavior.  On 5/12/16 at 12:10 p.m., further interview was conducted with the OSM #2, the activity director. When asked if obtaining supplies was an issue to provide activities she stated, "Yes, I order supplies through two different companies and I am always told that (name of facility) does not pay their bills so I cannot obtain the supplies. We do what we can." She stated that she has brought this to administration's attention and there has been no resolution. She stated that she has to sometimes pay out of her own pocket for supplies.			F 248			
	At 2:00 p.m., the activ the following activity for Cooking."	ity calendar documento or 5/12/16, "What's	ed	٠			
	An observation was mon the secured unit or #5 entered the room a we do some activities' CNA #10 stated, "The supposed to be here son't have no clothes the magazines are go bunch of clothes, was and then they take the	n 5/12/16 at 2:07 p.m. Lend stated to CNA #10, ? They're getting restle y're (activities) are soon to go cooking. We to fold they took them a ne too. Activities bring notoths, towels and soo	PN "Can ss." e all, all				
	An observation of the secured unit was cond p.m. with ASM (admin the administrator and	lucted on 5/12/16 at 2: istrative staff member)					

activity taking place was called, "What's cooking." There was an aide in the room making peanut

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		<del></del>		OMB N	O. 0938-0391		
AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/O	OLIA ER:		PLE CONSTRUCTION G	(X3) DATE SU	RVEY
		495362		B. WING		R-C	
NAME OF PR	OVIDER OR SUPPLIER		OTDEET (DE			05/1	2/2016
	D NURSING AND REH	ADII ITATION		RESS, CITY, ST			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOTIONA AND REA	ADILITATION		OMPSON'S			
04.0.15				AND, VA 230	005		
(X4) ID PREFIX	SUMMARY S (EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES OF BE PRECEDED BY FULL RE	CUL ATORNA	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
TAG	OR LSC ID	ENTIFYING INFORMATION)	GOLATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL	II D RE	COMPLETION DATE
					CROSS-REFERENCED TO THE APPRI DEFICIENCY)	OPRIATE	PAIE
F 248	Continued From pag	e 44		F 248			
		viches for the residents		240			
	When asked what did	he, (the administrator)	)				
	think the activity "Wha	at's Cooking?" would	•				
	include, ASM #1 state	ed, "Some type of					
	something, some kind	d of smell of some kind	, try				
	to get them stimulated	d. I don't smell anything	3				
	that's stimulating."						
	ASM #1 stated that h	O litiga mak avvers - C					
	shortage but he has h	e was not aware of a su neard that some staff w	uppiy :::		1		
	take it upon themselv	es to buy things for the	III				
	residents. He stated.	"Staff should never pa	v for				
	anything out of pocke	t. I tell them not to."	y 101				
	documents in part, the of the (name of facility offer sufficient program the opportunity to spe meaningful activities inclusive of small ground one on one programs residents' mental, phy wellbeing4. The Dire Recreation should conschedules of the facility attendance when designated calendar7. Activities appropriate times based availability, preferences	.1. Calendars should be ups, large programs, and designed to stimulate reical, and psychosocial ector of Therapeutic insider the routines and ty to avoid conflicts in gning the monthly activities will be scheduled at ed on resident populations and needs"	licy o dent e nd i				
	No further information	was presented prior to	exit.				j
F 250 SS≍D	F 250 SS=D  483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE  The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.		F 250	1 For Poridont # 440			
				1. For Resident # 116 no long resides in the facility, Social was notified of resident #130 to roommate 5/11/2016.	vorker	6/22/16	

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				CONTRACTION		- OMB MC	<u>). 0938-0391</u>
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
		495362		B. WNG		1	-C
				05/12/2016			
	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · ·	STREET ADORE				
ASHLANL	NURSING AND REH	ABILITATION		MPSON ST			
HZA			ASHLAN	ID, <b>V</b> A 2300	05		
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	O BE	(X5) COMPLETION OATE
F 250	Continued From page 45			F 250			
F 250	This Requirement is Based on observation document review and was determined the finedically-related sooresidents in the surve and #130.  1. The facility staff faworker to provide serfollowing an incident threatened to harm R.  2. The facility staff faworker to provide serfollowing an incident threatened to harm R.  The findings include:  1. Resident #116 was 5/3/16 with diagnoses schizophrenia, deme and depression. On nursing assessment as having both short problems. He was code pression, but was a code pression and but was a code pression.	not met as evidenced In, staff interview, facility of clinical record review, facility staff failed to provide services to two of 30 ey sample, Residents # siled to notify the social vices to Resident #116 in which Resident #130 desident #116.  It will be notify to the social vices to Resident #130 desident #116.  It will be notify to the social vices to Resident #130 desident #116.  It is admitted to the facility in the sident #116 in which Resident #130 desident #116.  It is admitted to the facility of the sident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which Resident #116 in which resident #116 in which resident #116 in which recently readmitted on see including, but not like the pulmonary disease, and and history in the pulmonary disease, and and history in the pulmonary disease, and the pulmonary disease and the pulmonary disease.	y it vide 00 116 116 116 116 116 116 116 116 116	F 250	2. Residents currently residing the center have the potential affected. A review has been conducted by the social service director/designee of social set documentation to ensure that services documentation is progregarding resident to resident concerns.  3. In-servicing has been provistaff/ social services concernitimportance of providing med related social services following resident concerns or resident resident. A random weekly resident a weekly for three (months by the administrator/designee to enthat social services has follow on any resident concerns and provided assistance/support needed.  4. Results of the reviews will discussed by the administrator/designee at the Quality Assurance Performant Improvement meeting month three (3) months. The committed will recommend provisions to plan as indicated to sustain substantial compliance.	to be  ces cryices ct social esent t  ided to ing the ically ng any to review  3)  sure red up where be ce ce ce lly for ittee	
	epilepsy, heart failure	e, agitation and history recent MDS (minimum			plan as indicated to sustain	the	

	STATEMENT	OF DEFICIENCIES	044		1000 1000		OMB	NO. 0938-0391
l	AND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER	CLIA ER:		PLE CONSTRUCTION  G	(X3) DATE S	BURVEY
			495362		B. WNG_			R-C
ļ	NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDE	RESS CITY ST	ATE, ZIP CODE	05	/12/2016
l	ASHLANI	D NURSING AND REHA	ABILITATION					· · · · · · · · · · · · · · · · · · ·
ľ				200 LU(	OMPSON S ND, VA 230	IREET		
ŀ	(X4) ID	S(11) 44 514 5		ASITEAL	NO, VA 230	J05		i
-	PREFIX TAG	(EACH DEFICIENCY MUST OR LSC IDE	TATEMENT OF DEFICIENCIES TBE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			IX5I COMPLETION DATE
	F 250	Continued From page	= 46		E 250			
	# i	assessment reference #130 was coded as ha impairment for making scored eight out of 15 interview for mental st having exhibited no be back period.  On the following dates survey, Residents #11 in the same room: 5/1 at 7:40 a.m. and 5:15 pa.m., Resident #116 w moved to a different room A review of the clinical revealed the following at 7:30 p.m. and written practical nurse) #11: "In hall giving out medicati [wing number] by other on floor in hallway. De [Names of other reside him fall but they heard extremely confused wa around in the room to the pressure) to be recheck placed to MD. Awaiting time."  A review of the Admission of	e date 3/10/16, Resider aving moderate cognitications, having the BIMS (brief status). He was coded as and times during the 6 and #130 were observed to have become.  The cord for Resident #1 p.m. On 5/12/16 at 8:10 p.m. On	rved /16 /16 /16 /16 een /16 eell oted :- ee dent is	F 250	DEFICIENCE	·Y)	
	p	nypotension precautions pressure when quickly s ambulation devices as n cognitive status as abilit	sitting or standing up), necessary, assess					

DEPARTMENT	OF HEALTH AND HUMAN SERVICES
CENTERS FOR	MEDICARE & MEDICAID SERVICES

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	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/O		1	E CONSTRUCTION	(X3) OATE SURVE	Υ
AND PLAN U	F CORRECTION	IOENTIFICATION NUMBE	iR:	A. BUILOING	<u> </u>	COMPLETEO	1
		495362		B. WING		R-C 05/12/2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	RESS, CITY, STA	TE, ZIP COOE	1 00/12/	-010
ASHLAND	NURSING AND REH	ABILITATION		OMPSON ST			
			ASHLAI	ND, VA 2300	05		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	ILO BE	(X5) COMPLETION DATE
F 250	Continued From page	e 47		F 250			
	assess resident footwear for fit and non-skid						
	soles, encourage acti						
	orthostatic BP (blood pressure) checks.						:
	Further review of the	clinical record revealed	d no				
		the facility staff address					
		ats to Resident #116, o					
	follow up.	16 to the social worker	ior				
	ionove up.						
	On 5/11/16 at 3:55 p.m., LPN (licensed practical			ŀ			
	nurse) #2 was interviewed regarding the procedure to be followed when one resident						
		wed when one resident sident. She stated: "Th	I				
		abuse." She stated the	I				
		ed, and the staff should					
!		se of the conflict. She s	stated				
	one of the residents s	snould be assigned to acility. She stated the :	encial				
		med of the incident at					
	next day's morning m						
	interdisciplinary team	•					
	On 5/11/16 at 4:00 p.i	m OSM (other staff					
		al worker, was intervie	wed				
	regarding the procedu	ure to be followed wher	n one				
		other resident. She sta	I				
		be immediately separat resident who has been	· .				
	•	ensured. She stated i	1				
		ing a weekday, she wo					
		by the floor staff. She s					
	if the incident happened after hours, she would be told at the next morning meeting. She stated						
		ed of the incident, she s	I				
		erview both residents, a	I				•
	make sure a permanent room change had						
	already been made. She said she would attempt to facilitate that room change if the incident						
		change it the incluent hours on a week day.					

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OLIVILIN	BT ON MEDICANE & P	VILDICAID SERVICES			<u> </u>	OMB I	<u> 1938-0391 NO. 0938</u>
	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		l l	CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING			R-C
		+30002	<del>r</del>			05/	/12/2016
	OVIOER OR SUPPLIER		STREET AOOR	RESS, CITY, STATE	, ZIP COOE		
ASHLAND	NUR <b>SING AN</b> D REH	ABILITATION		OMPSON STR			
<u>.</u>			ASHLA	ND, VA 23005			
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES ST BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCEO TO OEFICIEN	TION SHOULO BE THE APPROPRIATE	(X5) COMPLETION DATE
F 250	Continued From The	- 40				<del></del>	
F 250				F 250			
		ve referenced nurse's					
		nade by Resident #130					
		tated: "I was not aware and make sure they are					
	separated."	and make sure they are	€				
	Separated.						
	Оп 5/11/16 at 5:50 p.	m., ASM (administrativ	ا م	:			
	staff member) #3, the			:			
		wed regarding the abov	<i>r</i> e				
		ote. She was asked to	i				
	provide the surveyor with an incident report and						
	_	ig the threat Resident #					
		<ol><li>She stated she did</li></ol>					
		umentation regarding th					
		she was aware the nur		i			
		n the incident occurred					
	Resident #116 at the	nts immediately, and ke	ept				
		nurse's station until one to sleep. She state	- d				
	when Resident #130	went to sleep, the facil	eu i+v				
	staff assisted Resider	nt #116 back into his be	ed (in				
	the same room as Re		5 <b>4</b> (iii				
	Оп 5/11/16 at 6:10 p.	m I PN #11 was					
		above referenced inci	dent.				
		nitially focused on Res					
		sessing him for any inju					
	She stated her asses	sment revealed no app	parent				
		#116. She stated Resid					
		loud and unsteady" in					
		‡130 said: "If you can't					
		down, I will make him					
		ne put Resident #116 in					
		nim to sit at the nurse's					
		n of the shift. She stat o sleep, and she assis					
		o sieep, and sne assis o his bed at that time.					
		o his bed at that time. pervisor about this, an					
		make sure the resider					
		monitored to make sure					
			-				

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 49 of 153



DEPARTMENT	OF HEALTH AND HUMAN	SERVICES
CENTERS FOR	MEDICARE & MEDICAID	SEDVICES

	STON WEDICANE &	MEDICAID SERVICES	<del></del>	<del></del>		OMB	NO. 0938-0391
	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		į.	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING		05	R-C /1 <b>2/20</b> 16
	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE		
ASHLANI	O NURSING AND REH		ASHLAN	MPSON STR ND, VA 2300			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	there were no other in recorded any of this in record, she stated: "In have." When asked in notify the social workenot." She stated she what happened when next morning.  On 5/12/16 at 8:25, LI was interviewed regarshe was notified of a resident. She stated to separated for safety, the director of nursing document any of her a would write a nurse's and about any actions.	ncidents. When asked information in the clinical No, I didn't. I know I she she took any action to be a she stated: "No, I do notified the unit manage she returned to work the PN #9, the unit manage adding what she would do resident threatening another esidents should be She stated she would a work the residents should be she took. She stated the note about what happe she took. She stated the sponsible party) should seed if she was told about dent #116 and #130, see actly what was said. The arguing. I told the numoved." When asked if d in the morning meeting in the day following the he stated: "There as been an investigation not recall exactly what so do been discussed at the hether or not the social	al ould ould ould out out of the er, or if other ealert tould out an ould out an out an out an out the ethics out out out out out out out out out out	F 250			
:	On 5/12/16 at 8:40 a.m supervisor on 5/9/16, w the process to be follow threatened by a roomm	vas interviewed regardi ved when a resident w	ng as				

		\			``			
DEPART CENTER	MENT OF HEALTH AN	D HUMAN SERVICES					Printed:	Q0,20,20 K
1	S FOR MEDICARE & M	MEDICAID SERVICES					TUR N DMO	MAPPROVED <u>0. 0938-03</u> 91
STATEMEN	T OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/	CLIA	(X2) MULT	IPLE CONSTRUCTION		OIVID IV	<u>0. 0938-0391</u>
ANO PLAN (	OF CORRECTION	IOENTIFICATION NUMB	≘R;	A. BUILOIN	4G	0	(X3) OATE SURVEY	
				i		<del></del>	COMPLET	reo
		495362		B. WING		ŀ	F	₹-C
NAME OF P	ROVIOER OR SUPPLIER	<u> </u>	STREET ADD		TATE, ZIP COOE		05/1	2/2016
ASHLAN	D NURSING AND REH	ARII ITATION						
				OMPSON S				
<u> </u>	<del></del>		_	AND, VA 23	005			
(X4) IO PREFIX	SUMMARY ST	TATEMENT OF OEFICIENCIES		IO	PROMOSE	R'S PLAN OF CORRECTION		<del>,</del>
TAG	OR LSC IO	T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX	(EACH CORR	ECTIVE ACTION SHOULO	- -	(X5) COMPLETION
1	0,7,250,101	ENTERTING INFORMATION)		TAG	CROSS-REFER	ENCEO TO THE APPROPRI	ATE	DATE
F 050	<del> </del>					OEFICIENCY)		
F 250	page			F 250				<u> </u>
	an actual threat, I wou	uld separate them and	notify					
ĺ	my boss. I would get	witness statements fro	m					
	anyone who saw or he	eard anything, whether	it					
	was staff or residents.	." When asked how sh	 e					
	determined a threat w	as an "actual" one, she						
1	stated: "An actual threat would be if a patient said they would hurt someone or had actually hurt someone." When asked about the above							
								i
'								
	referenced incident he	etween Resident #116 :	and					]
j	Resident #130, she sta	ated: "It was not broug	11 IU					]
	me as a threat " She	said another staff mem						
	had told her Resident	#130 had made e	per					
	statement and we nee	eded to do something a						
i	Resident #116 falling a	all over the place." She	JOUT					
	stated her concern wa	an over the place. She	;				į	
	resident's unsteadines	is much more about the	·					
	stated a CNA (continues	ss and risk for fails. Shi	€		,			
	stated a CNA (certified	nursing assistant) sat	with					İ
	Resident #116 the rem	nainder of the night shif	t to					
1	make sure he was safe	e. She stated: "We ke	pt					
	him safe all night. We	monitored him all night	t."					•
ľ	She stated if she had b	peen told exactly what	1				i	
	Resident #130 had said	d, she would have mov	'ed					1
ļ	Resident #116 to a diffe	erent room. When ask	ed if					
	she passed on any info	ormation about this inci	dent				ŀ	
	to the next shift, she sta	ated: "I would have	i					
	passed it on myself. It	was not on the 24-hou	r					i
-	report. I should have p	out it on there." When						
1	asked if the incident sh	ould have been						j
	investigated as an incid	dent of abuse, she state	ed:	İ				j
	"Yes. Yes it should hav	e. If I had known wha						
	really happened, I woul	ld have." When asked	if				İ	1
	the social worker had b	een notified of this						
	incident, she stated: "I'	m not sure. That woul	4				-	
	have been the right thin	ng to do."	-				ı	

concerns.

On 5/11/16 at 5:50 p.m., ASM #1, ASM #2, ASM #3, the assistant director of nursing, and ASM #4, the regional consultant, were informed of these

DEPART.	MENT OF HEALTH AN	D HUMAN SERVICES	;			Printe	d: 05/26/2016
i	S FOR MEDICARE & M	TEDICAID SERVICES	<del></del>		···	F.( ∩MR	DRM APPROVED NO. 0938-0391
STATEMENT ANO PLAN (	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/ IOENTIFICATION NUMB	CLIA ER:		E CONSTRUCTION	(X3) OATE S	BURVEY
		495362		B. WING		COMPL	R-C
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADOL	RESS, CITY, STATE	710.000		/12/2016
ASHLAN	D NURSING AND REH	ARII ITATION					
			ASHLA	OMPSON STE ND, VA 2300	REET 5		
(X4) IO PREFIX	SUMMARY ST	TATEMENT OF OEFICIENCIES	3	10	PROVIDER'S DI ANIOS		
TAG	OR LSC ION	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX	PROVIOER'S PLAN OF (EACH CORRECTIVE ACT	TORRECTION	(X5) COMPLETION
F 050	·····			TAG	CROSS-REFERENCEO TO T OEFICIENC	THE APPROPRIATE	DATE
F 250	l married in total bag			F 250			<del>-  </del>
	A review of the facility	policy entitled "Social					
	Services" revealed, in	part, the following:					
	"Medically-related soc	cial services will be pro	vided				
	to attain or maintain th	ne highest practical ph	vided				
	mental, and psychoso	cial well-being of coch	ysical,				
	resident. Social Servi	ice personnel will idea.	:£.				
	the medically related s	social and ameticant	my .				]
	of residents and their	fomilios and arrestel f	eeas				
	those needs byFacil	litatines and provide to	or				
	resources/supports	reviding access to comp	nunity				
	resources/supportsF	Toviding and/or arrang	ging	1			
	for needed counseling	services; identifying a	ind				
	seeking ways to suppo	on a resident's individu	ial	-			
	needs and preferences	sFinding options tha	t	!			
	must meet the physical	and emotional needs	of				1
	each residentRespon	nding to changes in a	i				
	resident's mental, phys	sical or emotional statu	JS."				
	A review of the job des	scription entitled "Mana	aner				
	of Social Services" rev	ealed in part the	Age i				1
	following: "Duties and	part are					
	ResponsibilitiesProvi		vork	ļ			1
	services as indicated b	v resident/family	VOIR				
1	needsProvide social	Work consultation to					1
]	residents, families, and	staff as required."					
İ	No further information v						
	2. Resident #130 was	admitted to the facility	on				
	10/10/13 and most rece	ently readmitted on					
	11/21/14 with diagnose	s including, but not lim	ited				!
t	to: chronic obstructive	pulmonary disease	,				
16	epilepsy, heart failure, a	agitation and history of					
5	stroke. On the most re	cent MDS (minimum d	u ata				
	set), a quarterly assess	ment with (ARD)	aia				
la	assessment reference of	date 3/10/16 Resident	İ				
1	#130 was coded as hav	/ing moderate assetting	_				1
	mpairment for making o	ung moderate cognitive	₹				] ]
[ ]	scored eight out of 15 o	ually decisions, having					
	nterview for mostal stat	an the RIM2 (puet	ſ				
"	nterview for mental stat	ius). He was coded as	•				
	naving exhibited no beh	izviors during the look		!			

		1		T	<del></del>	OMB N	<u>O. 0938-0391</u>
	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/O			PLE CONSTRUCTION	(X3) OATE SU	DVEV
ANO PLAN O	F CORRECTION	IOENTIFICATION NUMBER	ER:	A. BUILDING	3	COMPLET	
}						ŀ	R-C
		495362		B. WING		ľ	
NAME OF OF	ROVIOER OR SUPPLIER	<u> </u>	OTBEET :-			05/1	2/2016
	= :			RESS, CITY, STA			
ASHLANI	NURSING AND REH	ABILITATION		OMPSON ST			
			ASHLA	ND, VA 230	05		
(X4) ID	SUMMARY S	TATEMENT OF OEFICIENCIES					
PREFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE	GULATORY	IO PREFIX	PROVIDER'S PLAN OF CO	ORRECTION	(X5) COMPLETION
TAG	OR LSC IO	ENTIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCEO TO THI	N SHOULD BE	DATE
				_	OEFICIENCY		
F 250	Continued From pag	o 52		F 0.55			
,	, ,	C 02		F 250	i		!
	back period.						
	_ ,						
	Resident #116 was a	dmitted to the facility or	ו				
	5/3/16 with diagnoses	s including, but not limit	ted to:				
	schizophrenia, demer	ntia, high blood pressui	e,				
	and depression. On I	Resident #116's admis	sion				
	nursing assessment of	dated 5/3/16, he was co	oded				
	as having both short t	term and long term me	mon/				
	problems. He was co	oded as having a histor	v of				
	depression but was o	roded as not having an	y 01				
	depression, but was coded as not having any behaviors. He was coded as having an alteration in safety awareness due to cognitive decline.						
	iii salety awareness t	the to codultive decline	•				
	A						
'	A review of the clinical	al record for Resident#	116				
İ	revealed the following	g nurse's note, dated 5/	9/16				
	at 7:30 p.m. and writte	en by LPN (licensed					
	practical nurse) #11;	"Charge nurse on midd	lle				
	hall giving out medica	ition. Called to Front H	all				
	[wing number] by other	er residents. Resident	noted				
ļ	on floor in hallway. D	enies pain or discomfo	rt				
	Names of other resid	ents] state they didn't s					
	him fall but they hear	him hit the floor. Res	idont				
ļ	extremely confused w	andering and fumbling	ident				
	around in the room to	the point the roommat					
	unset and threating (a	ine point the roommat	e is				
	observatio titlestille (2	ic). MD (physician) ca	iiea				1
	and made aware of fa	II. Request b/p (blood					
		cked. BP 132/60Call					
		ng return call @ (at) thi	s				
ļ	time."						
			ļ				[
İ	A review of Resident #	#130's clinical record					[
	revealed no evidence	that the social worker	was İ				1
	notified of the above re	eferenced incident.					
ŀ							į į
	On 5/11/16 at 4:00 p.n	n., OSM (other staff					
İ		al worker, was interviev	red l				
		re to be followed when					
	resident threatens and	other resident. She sta	tod				1
	the residente chauld h	oner resident. She sta e immediately separate	ieu				<b>i</b>
	and the setate of the	e inimediately separate	ea, ∣				
	and the safety of the re	esident who has been					
			i i		1		

0=:1:=:	o . or medior ine a r	1				OMB_N	<u>IO. 0938-0391</u>	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING		1	R-C	
NAME OF PE	ROVIDER OR SUPPLIER		CTOFFT ADD	I RESS, CITY, STA		05/1	12/2016	
	D NURSING AND REH	A DIL ITATION	I					
MOLITARI	DINOTONIO AND INC.	ADILITATION	1	OMPSON ST				
				ND, VA 230				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	OR LSC ID	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETION OATE	
F 250	Continued From pag	e 53		F 250				
	threatened should be ensured. She stated if the incident happens during a weekday, she would be		f the					
		by the floor staff. She s						
		ned after hours, she wo						
	be told at the next mo	orning meeting. She st	ated					
	once she was informe	ed of the incident, she	would					
		erview both residents, a						
	make sure a permane	ent room change had					1	
		She said she would att	empt					
		change if the incident						
	occurred during office	hours on a week day.						
	When shown the abo	ve referenced nurse's i	note		•			
	regarding the threat n	nade by Resident #130	to					
	Resident #116, she st	tated: "I was not aware	e of					
	that. I will go ahead a	and make sure they are	•					
	separated."							
	On 5/12/16 at 1:10 p.i	m., LPN #8 was intervi	ewed !					
		t. She stated the socia						
		een notified, by way of						
	mornina meetina, of t	his incident. She state	4					
	Resident #130 would	have benefitted from a	-					
}	social worker assessr							
	On 5/12/16 at 1:15 ha	m., LPN #9, a unit man	ager					
		rding this incident. She						
	stated the social work		,					
		e stated the social worl	-Or					
		in the day on 5/11/16 (a						
i	heing informed of the	incident by the survey	11(C)				i	
		nt #116's move to anot						
	room.	THE FITOS INOVE TO ANOT	IIIEI					
	On 5/10/16 at 2:10	~ ACM#4 ACM#5	Cha					
		m., ASM #1, ASM #2, A					[	
		#5, the corporate MDS						
	consultant, were infor	med of these concerns	•					
	No further information	was provided prior to	exit.					
F 252	483.15(h)(1)			F 252				
	SAFE/CLEAN/COMFO	ORTABLE/HOMELIKE						

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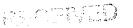
CENTER	S FOR MEDICARE & I	MEDICAID SERVICES					MAPPROVED	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O			LE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		495362		B. WING		1	R-C	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	T ADDRESS, CITY, STATE, ZIP CODE				
ASHLAN	NURSING AND REH	ABILITATI <b>ON</b>		OMPSON ST				
				VD, VA 2300				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE	
F 252		e 54		F 252			<del> </del>	
1	ENVIRONMENT		ĺ					
	The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  This Requirement is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review it was determined that facility staff failed to provide a clean, comfortable, and homelike environment for one of 30 residents in the survey sample; Resident #129; and on one of three nursing units; Unit #3.		wing gings		<ol> <li>Resident #129 has a whee cushion free from odor. The unit is clean and has a home decorum.</li> <li>Residents currently residiths contact beauty.</li> </ol>	e secured e-like	blaalib	
			t was a nt for		the center have the potentia affected. Observations were of wheelchair cushions in the and were found to be free frodor. The secured unit has bupdated with a home like fee 3. In-servicing has been proving administrator/interdiscip			
	1. For Resident #129, properly dispose a whin urine that left a stroroom for 1 hour and 1.	s		team concerning having wheelchair cushions in good condition and free from odor. Staff has been educated on how to maintain a homelike				
	home-like activities roo	ed to provide a clean a om on the secured unit	nd		environment by the DCS. Ran audits will be conducted to er wheelchair cushions are adeq monthly x 3 months by centra	nsure		
	The findings include:				supply clerk or designee.			
	Resident #129 was admitted to the facility on 9/1/2015 with diagnoses that included but were not limited to high blood pressure, GERD (gastroesophageal reflux disease), hyperlipidemia, thyroid disorder, and Non-Alzheimer's dementia. Resident #129's most recent MDS (Minimum Data Set) was a significant change assessment with an ARD (Assessment Reference Date) of 2/8/16. Resident #129 was coded as being severely impaired in cognition scoring 3 out of 15 and the				4. Findings from audits will be discussed by the administrator/designee at the Quality Assurance Performan Improvement meeting month three (3) months. The commell recommend provisions to plan as indicated to sustain substantial compliance.	e nce nly for littee		

FORM CMS-2567(D2-99) Previous Versions Obsolete

impaired in cognition scoring 3 out of 15 on the BIMS (Brief Interview for Mental Status) exam.

J2WF12

If continuation sheet Page 55 of 153



		(			(				
DEPART!	MENT OF HEALTH AN S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				FOR	05/26/2016 M APPROVED <u>0. 0938</u> -0391		
	STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER AND PLAN OF CORRECTION IOENTIFICATION NUMBER 1				PLE CONSTRUCTION	(X3) OATE SUI COMPLET	RVEY		
		495362		B. WNG		R-C 05/12/2016			
ASHLAND NURSING AND REHABILITATION			906 THO ASHLAN	REET AOORESS, CITY, STATE, ZIP COOE  906 THOMPSON STREET  ASHLAND, VA 23005					
(X4) IO PREFIX TAG	X (EACH OFFICIENCY MUST BE PRECEOED BY FULL REGULATORY		GULATORY	IO PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)			
F 252	Resident #129 was consistance from staff hygiene, and bathing; ambulation and eating toileting. Resident #1 incontinent of bowel at the domain of the consistance of the consistance of the consistance of the consistance of the dining room earlies the dining room end pee on 9:30 a.m., house clea	oded as requiring exter with dressing, personal independent with g; and supervision with 29 was coded as being and bladder.  m., observation of the t) was conducted. As g from Resident #129's as not in the room and 3:30 a.m., CNA (certification approached this survey dent had an accident a waiting for housekeep the bed. The resident ver but she likes to walk the bed or the floor." Aning was observed 129's bed and floor. The	trong s the ed yor. nd I ing to vas in into	F 252					

soiled areas..."

resident has altered bladder

present.

On 5/12/16 at 11:30 p.m., there was a strong urine odor coming from Resident #129's room. On 5/12/16 at 1:00 p.m. the urine odor was still

Review of Resident #129's care plan revised 2/25/16 documented the following under care area Behavior/Mood, "Socially inappropriate behavior (specify) urinates on floor..."

Review of Resident #129's care plan revised 2/25/16 documented the following under care area Elimination GU (urinary), "Focus: The

elimination...Approaches and Interventions: ...Check for incontinence. Wash, rinse and dry

Printed: 05/26/2016 FORM APPROVED OMB NO. 0938-0391

	TATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETEO			
		495362		B. WING_			R-C		
NAME OF PR	OVIOER OR SUPPLIER	·	STREET AGO	DESS SITE OF		05/	12/2016		
	NURSING AND REH	A DIL ITATION		ORESS, CITY, STATE, ZIP COOE					
7.OHEARE	NOTOING AND REN	ABILITATION		OMPSON S ND, VA 230					
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		Ю	PROVIOER'S PLAN OF CORR	ECTION	(X5)		
PREFIX TAG	(EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCEO TO THE AF OEFICIENCY)	ACTION SHOULO BE COMPLET TO THE APPROPRIATE CATE			
F 252	Continued From pag	e 56		F 252					
	On 5/12/16 at 1: 00 p	m an interview was							
	conducted with CNA	(certified nursing assist	ant\						
	#1. When asked how	vurine is cleaned after:	anit/						
		he stated, "The CNA's							
	up the urine or stool b	out then we call	PICK						
	housekeeping to sani	itize the room." When a	asked						
	if this was done each	time a resident has an							
	incontinent episode s	he stated, "Yes." Wher	1						
	asked if housekeepin	g responds right away s	she						
	stated, "Yes, they are	very good about clean	ing						
i	the room right away,"	When asked what she							
	could tell me about Re	esident #129 she stated	d,						
	"She has a lot of inco	ntinent episodes. She	will						
i	pee on the floor, on h	er bed, take her soiled							
	clothes off and hang t	hem over the railing in	the						
ŀ	hallway. CNA #1 stat	ed, "Her room still smel	lls						
	now. She actually jus	st had an accident in he	Γ						
	wheelchair when she	was on her way back fr	om						
	activities. The activities	es assistant brought he	г						
		nair cushion was all wet	."						
		e she came back from							
	activities she stated, "	'Around lunch time. I							
	cleaned her up but I d	lidn't have time to get a							
	right now When calle	nion so it is in the bathro	om						
	right now. When aske	ed to see the wheelchai	771						
		ned the bathroom door. as observed on the floo							
		as observed on the 1100 room soiled from urine.	rin						
		did not have time to cle			•				
	the cushion right away	y she stated, "It was du	an						
	meal travs and I have	to prioritize my tasks."	iiig				i		
	When asked why leav	ing the soiled cushion i	n the						
	corner of the bathroon	n was a concern she st	ated						
	"It is an infection contr	ol issue." When asked							
		s wheelchair cushions							
	stated, "We bag them	and give to housekeep	ing						
	I haven't had a chance	to tell housekeeping y	et."						
	On 5/12/16 at 1:10 p.n	n., an interview was							

DEPART CENTER	MENT OF HEALTH AN RS FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES	1			FC	d: 05/26/20 RM APPROVE
STATEMEN	T OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/ IOENTIFICATION NUMB	CLIA		CONSTRUCTION	(X3) OATE S	
		495362		B. WING			R-C
	ROVIOER OR SUPPLIER		STREET ACC	RESS, CITY, STATE	ZIP CODE		/12/2016
ASHLAN	D NURSING AND REH	ABILITATIO <b>N</b>	906 TH	OMPSON STR	EET		
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES	<u> </u>	<del></del>			
PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IDI	T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCEO TO THE AP OEFICIENCY)	30 H O BE	(X5) COMPLETION OATE
F 252	Continued From page	e 57		F 252			
		(Other Staff Member)	#6	F 252			
	housekeeping. She st	tated that she has neve	er				
	been asked to clean a	a wheelchair cushion b	efore.				
	On 5/12/16 at 1: 15 p						
	On 5/12/16 at 1: 15 p. conducted with CNA #	.m., an interview was					
	process if a resident s	soils a wheelchair cush	ion				
	she stated, "We usual	lly will just throw them	314/21/				
	and get a new cushior	n from therapy. Somet	imes	·			
	the cushions have a c	overing that will be car	ried				
	to laundry." She stated the covering is carried in						
	a plastic bag.						
	On 5/12/16 at 1:18 p.r	n., an interview was					
	conducted with LPN (I	Licensed Practical Nur	se)	İ			
	#6. When asked the p	process if a resident so	ils a				
	wheelchair cushion sh	e stated, "Contact					
	maintenance and they	will pressure wash the	)				
	cushion or we throw a therapy for a new one.	way the cushion and a	sk				
	should always be bagg	ed and never topoed	ion				
	the floor. She stated s	soiled linens or cushion	) i				
	should never be placed	d on the floor because	of				
	cross contamination.						
ļ	On 5/12/16 at 2:24 p.m	an interview was		į			
	conducted with OSM (	other Staff Member) #	5 the				
	maintenance director.	He stated that the CN	A's	İ			
1	will wipe the wheelchai	ir cushion after a reside	ent				
	has an incontinent epis	ode and then will bag	the				
	cushion and give to ma	intenance to pressure					
-	Facility policy titled, "Ex	cposure Control Plan:					
	Linen Handling" did not	t address the handling	of				
[ :	soiled wheelchair cushi	ions.					
į,	On 5/12/16 at 2:54 =	A Cha / A don't /					
	On 5/12/16 at 2:54 p.m Staff Member) #2, the [	., ASW (Administrative	\	•			
,	was made aware of the	above findings. No	ig)				

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES Printed: 05/26/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING \_ COMPLETED 495362 R-C B. WING NAME OF PROVIDER OR SUPPLIER 05/12/2016 STREET ADDRESS, CITY, STATE, ZIP CODE ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION TAG PREFIX OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 252 Continued From page 58 F 252 further information was presented prior to exit. 2. The facility staff failed to provide a home-like activities room on the secured unit. An observation of the activities room was made on 5/12/16 at 9:48 a.m. The room was painted beige and the wallpaper on three of the walls had been removed as the room was being renovated. There were maroon colored columns on the walls. The room had seven bare brown tables and 18 red and gold padded chairs. There were eight framed pictures on one wall; the pictures were all done in soft pastel colors. There were four crayon colored pictures on the back wall of the room. There was a television mounted to the wall at the front of the room. The floor was wood-grained with multiple scratches. There were three windows facing outside, the first window had blinds pulled 3/4 quarters the way up and closed, the second window had the blinds 1/4 quarter of the way up and closed and the third window had the blinds down and closed. Outside the room in the hall was a square brown table with the corners chipped and wood exposed. An observation was conducted of the activities room with CNA (certified nursing assistant) #1, the aide on 5/12/16 at 1:55 p.m. of the activities room. When asked to describe the room to this surveyor, CNA #1 stated, "It definitely needs painting over there (pointing to a wall). Did hear him (the maintenance director) this morning say he was going to do it. It needs pizzazz." When asked what that meant, CNA #1 stated, "It needs to be more decorative for the residents. Need a

radio in here and it definitely needs to be bigger." When asked if the room was homelike, CNA #1 stated, "ND, somewhat, a little bit only because of the TV." When asked what she thought about the table in the hall, CNA #1 stated, "It's a good idea

<u>CENTER</u>	S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES				Printed FOF OMB N	: 05/26/201 RM APPROVEI IO. 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	-IA R;	5	CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY
		495362		B. WING		R-C 05/12/2016	
	ROVIDER OR SUPPLIER	ľ	STREET ADD	RESS, CITY, STATE	, ZIP CODE		
ASHLANI	NURSING AND REH.	ABILITATION		IOMPSON STR ND, VA 23005			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IDI	TATEMENT OF DEFICIENCIES TBE PRECEDED BY FULL REGI ENTIFYING INFORMATION)	ULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
	An observation was coroom on 5/12/16 at 2:: practical nurse) #5, the secured unit. When as to this surveyor, LPN; cluttered (by the table they 're in the process color." When asked if stated, "No." When as hall, LPN #5 stated, "No." When asked if stated, "No." When asked if stated, "No." When asked if stated, "No." When asked if stated, "No." When asked to describe the activities director on 5/2 asked to describe the surveyor, OSM #2 stated on our dementia unit." homelike, OSM #2 stated an observation was coroom on 5/12/16 at 2:2 nurse) #1, the unit mar describe the activities if the walls and that be color that is, a TV." When it is a true is a tr	o get away from the nois, the ends are chipped bood."  onducted of the activities 05 p.m. with LPN (licens e nurse assigned to the sked to describe the roor #5 stated, "It's small, s). No space. The walls, s of painting but there's r it was homelike, LPN #5 ked about the table in the feah, the wood is chipped onducted of the activities staff member) #2, the 1/2/16 at 2:15 p.m. When activities room to this sted, "This room is obvious When asked if it was ted, "No."  Inducted of the activities and "No."  Inducted of the activities asked, "No."	sed m no ne ed." s	F 252			

An observation was conducted of the activities room on 5/12/16 at 2:30 p.m. with ASM (administrative staff member) #1, the

administrator. When asked to describe the room to this surveyor, ASM #1 stated, "Unpainted walls, the wallpaper has been taken off, the size of the room is great." When asked if it was homelike,

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		O. 0938-0391 RVEY		
		495362		B. WING		COMPLETED R-C			
NAME OF PE	OVIDER OR SUPPLIER	<u> </u>		05/12/2016					
		ADU ITATION		DRESS, CITY, STATE, ZIP CODE					
AUTEAN	NURSING AND REH	ABILITATION	906 TH ASHLA	OMPSON ST ND, VA 230	TREET 05				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE	GULATORY	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD PROVIDE ACTION SHOUL		ON	IX5) COMPLETION		
<del></del>	OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	OATE		
F 252	l marting and a second band			F 252			<del> </del>		
	ASM #1 stated, "No r progress."	na'am, it's a work in		ji					
į	On 5/12/16 at 3:20 p.m. ASM #1, the administrator and ASM #2, the director of nursing were made aware of the findings.								
	No further information	n was provided prior to	exit.						
{F 280}	- ( - ) ( - )   - 0 - ( - )	k)(2) RIGHT TO		(F 280)			1110		
SS≔E	PARTICIPATE PLANI	NING CARE-REVISE C	CP	(. 200)	4.5		6/22/14		
	The resident has the	right, unless adjudged			1. Resident #116 no longer re	esides in			
	incompetent or otherv	right, unless adjudged			the facility. Resident #130 ca	are plan			
	incapacitated under the	he laws of the State, to			has been updated to include	d			
	participate in planning	care and treatment or			history of threatening others				
	changes in care and t	reatment.			2. Residents currently residir	ng in			
	A comprehensive		. İ		the facility have the potentia	l to be			
	within 7 days after the	e plan must be develop	ed		affected. A review has been		1		
	comprehensive asses	scompletion of the ssment; prepared by an			conducted by the MDS				
	interdisciplinary team,	that includes the atter	ıdina		director/designee for residen	its with			
	physician, a registere	d nurse with responsibi	litv		behavioral outburst in the pa	st 30			
	for the resident, and c	other appropriate staff in	n l		days to ensure care plan is re	flective			
	disciplines as determined	ned by the resident's n	eeds,		of behavior.	HECLIVE			
	the resident the resid	cticable, the participation ent's family or the resident.	on of		3. In-servicing has been prov	idad ta			
	legal representative a	and periodically reviews	ient's		the interdisciplinary team by	the			
	and revised by a team	of qualified persons a	fter		DCS/designee regarding upda	me			
	each assessment.	,	1.01		plan off care with any change	iting			
					include behavioral outburst.	s to	1		
					Random woolds and outpurst.				
					Random weekly review will be	e			
	This Requirement is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff falled to review and revise the			conducted by the DCS/design	ee for				
				five (5) residents per week for	r three				
•				(3) months to ensure that the	any				
ì				behavioral episodes have bee	η				
	care plan for two of 30 sample, Residents #1	residents in the surve	y		added to the plan of care and	plan			
	oumple, Nesidettis#1	10 anu #150,			revised as necessary.				
j			ŀ	ļ					

DEPARTI CENTER	MENT OF HEALTH AN S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				Printed: FOF	05/26/2016 MAPPROVED
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE	CLIA	(X2) MULTIF A. BUILOIN	PLE CONSTRUCTION 3	OMB N (X3) OATE SU COMPLET	<u>0. 0938-0391</u> RVEY
		495362		B. WING		R-C	
	ROVIOER OR SUPPLIER	<u> </u>	STREET AOO	RESS, CITY, STA		05/12/2016	
ASHLANI	O NURSING AND REH	ABILITATION	906 TH	OMPSONS ND, VA 230	TREET		
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	DBE	(X5) COMPLETION DATE
{F 280}	Continued From page	e 61		{F 280}	OLFICIENCY)		
	for Resident #116 foll Resident #130 toward	iled to update the care owing a threat made by the Resident #116 on 5/9, iled to update the care	/ /16.	(1 200 <i>)</i>	4. Results of the reviews will	be	
	for Resident #130 follo	owing a threat made by d Resident #116 on 5/9/	,		discussed by the administrator/designee at the Quality Assurance Performance	<u>}</u>	
	The findings include:				Improvement meeting month three (3) months. The commi	ly for	
	5/3/16 with diagnoses schizophrenia, demen and depression. On F nursing assessment d as having both short to problems. He was condepression, but was cobehaviors. He was cobehaviors.	s admitted to the facility including, but not limite that, high blood pressure Resident #116's admiss lated 5/3/16, he was colorm and long term mended as having a history oded as having an alterage to cognitive decline.	ed to: e, ion ded nory of		will recommend provisions to plan as indicated to sustain substantial compliance.	the	
	10/10/13 and most rec 11/21/14 with diagnose to: chronic obstructive epilepsy, heart failure, stroke. On the most reset), a quarterly assessasses ment reference #130 was coded as ha impairment for making scored eight out of 15 cinterview for mental stataving exhibited no be back period.	es including, but not lime pulmonary disease, agitation and history of ecent MDS (minimum disment with (ARD) date 3/10/16, Resident ving moderate cognitivity daily decisions, having on the BIMS (brief latus). He was coded as haviors during the look	ited  f a ata e				
i	evealed the following rat 7:30 p.m. and writter	record for Resident #1: nurse's note, dated 5/9, n by LPN (licensed Charge nurse on middle	16				

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page -62 of 153

STAT	EMENIT	Of Deficiencies	DECIGIE: 101-0		(140) 1411		OMB NO. 0938-0391			
ANO	PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMB			IPLE CONSTRUCTION	(X3) OATE S	URVEY		
				Lic	A. BUILUIY	IG	COMPL	ETEO		
			495362		B. WING		ļ	R-C		
NAME	OF PR	OVIDER OR SUPPLIER	L	STREET	05/12/2016					
		NURSING AND REH	ARII ITATION	ľ	AODRESS, CITY, STATE, ZIP CODE					
		TO TOTAL TIME THE	ADILITATION		iompson s and, va 23					
(X4)	10	0///		1	AND, VA 23	<del></del>				
PRE		SUMMARY S (EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE	GULATORY	10	PROVIOER'S PLAN	OF CORRECTION	(X5)		
TA	.G	OR LSC (OI	ENTIFYING INFORMATION)	.0001101(1	PREFIX TAG	(EACH CORRECTIVE) CROSS-REFERENCEO	ACTION SHOULO BE	COMPLETION OATE		
						OEFICI				
{F	280}	Continued From page			{F 280}			<u> </u>		
l		hall giving out medica	ition. Called to Front H	łall	, , , ,					
		[wing number] by other	er residents. Resident	noted						
		on floor in hallway. D	enies pain or discomfo	ort.				İ		
		[Names of other resid	ents] state they didn't	see						
	i	nim fall but they heard	him hit the floor. Res	ident						
	-	around in the room to	andering and fumbling	١ .						
	İ	Unset and threating (c	the point the roommat ic). MD (physician) ca	e is						
		and made aware of fa	II. Request b/n /blood	lliea						
		pressure) to be reched	cked. BP 132/60 Cal	İ						
		placed to MD. Awaiting	ng return call @ (at) thi	is.						
		time."	G (44) (11)							
	İ									
	İ	A review of the Admiss	sion Care Plan for Res	ident						
		#116 dated 5/2/16 liste	ed the following							
		interventions under the	e heading							
		"Falls/Safety/Elopeme	nt Risks: "Orthostatic							
		hypotension precautio	ns (to prevent low bloc	od						
		pressure when quickly ambulation devices as	siπing or standing up)	1						
		cognitive status as abi	lity to ask for accietance							
		assess resident footwe	ear for fit and non-skid	,e,						
		soles, encourage activ	rity, safety checks.			j				
		orthostatic BP (blood p	ressure) checks.							
	1	Further review of the c	linical record revealed	no						
		further evidence that R	Resident #116's care pl	an				1		
		was reviewed or revise 5/9/16.	ed after the incident on							
		D/9/ 10.								
		On 5/12/16 at 2:45 p.m	3 I DN /licopood n#	ioni						
		nurse) #3 was interviev	, ∟∟ is (ilcensed practi wed regarding the proc	loal				[		
		for updating resident ca	are plans following a	,css				1		
		resident to resident alte	ercation. She stated th	nat				[		
	1	the care plans of both r	residents should be							
		updated. She stated:	"Unit managers are							
	1	esponsible for updatin	g all of the care plans.'	"						
	(	On 5/12/16 at 2:47 p.m	., LPN #18, a unit							
	l r	nanager, was interview	ved regarding the proc	ess						
	1									

DEPARTMENT OF HEALTH AND HUMAN SE	ERVICES
CENTERS FOR MEDICARE & MEDICAID SE	

OLIVILIX	OT MEDICARE & I	MEDICAID SEKVICES				OMB I	VO. 0938-0391	
			(1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		PLE CONSTRUCTION 3	(X3) OATE S	URVEY	
		495362		B. WING		05/	R-C /12/2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET ADOR	RESS. CITY STA	ATE ZIR CODE		12/2010	
	NURSING AND REH	ARII ITATION	I	OORESS, CITY, STATE, ZIP COOE  HOMPSON STREET				
		ASILIATION		ND, VA 230				
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			IO PREFIX TAG	PROVIOER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH OEFICIENCY	N SHOULO BE E APPROPRIATE	(X5) COMPLETION OATE	
{F 280}	Continued From page	e 63		{F 280}		······································	<del> </del>	
	of updating resident of	care plans following a		,				
		Itercation. She stated:	"If					
		re plan should be upda						
	When asked who is re	esponsible for updating	1					
		he stated: "The nursin						
		asked to be more speci						
		e nurses or me." Whe						
	shown the nurse's no	te describing the above	∍					
	referenced incident, s	she stated that the care	plan					
	of both residents shou	uld have been updated			:			
	0 7404-	_						
	On 5/12/16 at 3:10 p.i							
		2, the director of nursin						
		t director of nursing, AS						
		sultant, and ASM #5, tl						
		ıltant, were informed of						
	these concerns.							
		entitled "Plan of Care"						
	revealed, in part, the f							
		of care is reviewed and						
	updated at least quart	terly, and as needed, b	y the					
		and revisions are mad						
1		am to ensure needs ar						
	addressed and that th	e plan is oriented towa	ırd					
	attaining or maintainin	ng the highest practical	ole					
	pnysical, mental and p	osychosocial well-being	g."					
	No further information	was provided prior to	exit.					
		tials for Practice, 6th ed					<b> </b>	
		7, pages 119-127), wa						
	reference for care plan	ns. "A nursing care pla	ın is					
	a written guideline for	coordinating nursing c	are,				1	
	promoting continuity o	of care and listing outco	me					
	criteria to be used in the	he evaluation of nursin	g					
	care. The written care	e plan communicates						
	nursing care priorities	to other health care						
	professionals. The ca	re plan also identifies a	and				1	
	coordinates resources	used to deliver nursing	g					
	care. A correctly form	ulated care plan make:	s it				1	
I .			- 1	1			I	

Printed: 05/26/2016 FORM APPROVED OMB NO 0938-0391

		1				UIVIB IN	<u>O. 0938-0391</u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		l l	E CONSTRUCTION	(X3) DATE SU COMPLE		
						1	R-C	
		495362		B. WING		05/	05/12/2016	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	TE, ZIP CODE			
ASHLAND	NURSING AND REH	ABILITATION	906 TH	OMPSON ST	REET			
				ND, VA 2300				
(X4) IO	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>			85.4-8	h	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
{F 280}	Continued From page 64			(5.00)				
(1 200)	, -	e from one nurse to and	thar	{F 280)				
		has changed and the	omer.					
		d related interventions	are					
		e, modify the nursing ca						
	plan. An out of date							
	compromises the qua							
	,	,,						
		s admitted to the facilit		:				
		s including, but not limit						
		ntia, high blood pressul						
		Resident #116's admis						
		dated 5/3/16, he was co						
		term and long term me						
		oded as having a histor						
		coded as not having an						
		oded as having an alte						
	in safety awareness o	due to cognitive decline	).					
	Resident #130 was a	dmitted to the facility or	n					
	10/10/13 and most re							
		ses including, but not lin	mited					
		e pulmonary disease,						
	epilepsy, heart failure	e, agitation and history	of a					
	stroke. On the most	recent MDS (minimum	data					
	set), a quarterly asse							
		e date 3/10/16, Reside						
	#130 was coded as h	aving moderate cogniti	ive			•		
		g daily decisions, havir	ng					
	scored eight out of 15							
ı		tatus). He was coded						
		ehaviors during the loc	k					
	back period							
	A review of the clinics	al record for Resident #	116					
		g nurse's note, dated 5/						
	at 7:30 p.m. and writt		<i>51</i> 10					
		"Charge nurse on mid	de					
		ation. Called to Front F						
		er residents. Resident						
	Lang namber by our	se, conto, i todiuciil						

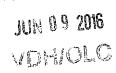
Printed: 05/26/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN O	F CORRECTION	IDENTIFICATION NOMB	ix.	A. BUILDING		COMPLETE:	i i	
		495362		B. WING		05/12		
NAME OF PR	OVIOER OR SUPPLIER	<u> </u>	STREET ADOR	PRESS, CITY, STATE, ZIP CODE				
	NURSING AND REH	ABII ITATION		MPSON ST	•			
7(01727(142	7 110 110 110 110 110 110 110 110 110 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	ID, VA 2300				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID CI	PROVIDER'S PLAN OF CORRECT	iON	(X5)	
PRÉFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO OEFICIENCY)		COMPLETION OATE	
{F 280}	Continued From pag	e 65		{F 280}				
		enies pain or discomfo						
	, <del>-</del>	dents] state they didn't						
		d him hit the floor. Res						
		vandering and fumbling						
		the point the roomma						
		sic). MD (physician) ca all. Request b/p (blood						
		ecked. BP 132/60Ca						
		ing return call @ (at) th						
	time."	( ( ( ( ( ( ( (				ļ		
						ĺ		
	Further review of the	comprehensive care p	lan					
		ted 10/1/15 and most						
		1/8/16 revealed no furth		İ				
		nt #130's care plan wa						
	reviewed or revised a	after the incident on 5/9	/16.					
	On 5/12/16 at 2:45 n	.m., LPN (licensed prac	rtical l					
		ewed regarding the pro						
		care plans following a						
		Itercation. She stated	that					
	the care plans of both	h residents should be						
•		: "Unit managers are					!	
	responsible for updat	ting all of the care plan	s."					
	On 5/12/16 at 2:47 p.	m I DN #18 a unit						
		ewed regarding the pro	ress					
		care plans following a						
		Itercation. She stated:	"If					
	1	re plan should be upda						
	1	esponsible for updating						
	resident care plans, s	she stated: "The nursir	ng					
		asked to be more spec						
		he nurses or me." Whe	I					
		te describing the abov						
		she stated that the care						
	or both residents sho	ould have been updated	1.					
	On 5/12/16 at 3:10 n	.m., ASM #1, ASM #2,	ASM					
		// #5, the corporate MD	I					
	,		-				1	

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 66 of 153



Printed: 05/26/2016 FORM APPROVED OMB NO. 0938-0391

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		F	<b>?-</b> C
						05/1:	2/2016
	ROVIOER OR SUPPLIER		STREET AOOR:				
ASHLANI	D <b>NURSING AND</b> REH	ABILITATION		MPSON ST			
			ASHLAN	ID, VA 230	05		
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	O BE	IX5) COMPLETION OATE
{F 280}	Continued From page	e 66		{F 280}	1		
·,		med of these concerns	.	{F 200}			
	Concanant, Were Infor	med of these concerns	·				
	No further information was provided prior to exit.						12/2/16
F 281	1 ()(+)(.)	ICES PROVIDED MEE	:T	F 281			
SS≃D	PROFESSIONAL STA	ANDARDS	1		1. Resident #116 no longer re	sides in	
	<u> </u>		1		the facility. Resident #130 is		:
		d or arranged by the fa			T		-
	must meet profession	al standards of quality.	İ		private room. For resident #:		
			ŀ		adverse effects related to roo	om	
	This Poquiroment is	not most an avidance at 11			change.		
	Based on observation	not met as evidenced to n, staff interview, facility	py:		2. Residents currently residin	g in the	]
		i, stati interview, facility d clinical record review,			facility have the potential to	-	•
		the facility staff failed to			affected. A review has been	~~	:
	follow professional sta		'				ļ
		of 30 residents in the			conducted by the		
	survey sample, Resid				administrator/designee of ind	cident	
	carroy campio, resid	ons #110 and #150.			reports within the last thirty	(30)	
	1. The facility staff fai	iled to document their			days to ensure that an invest	igation	
		diately separate Resid	ent		was conducted and interver	ntions	
	#116 from his roomma	ate (Resident #130)			have been documented.		
	following a threat mad	de by Resident #130 to	ward		a source and a sou		
	Resident #116 on 5/9/	/16.					
	<ol><li>The facility staff fai</li></ol>	iled to document Resid	ent				
		ommate (Resident #11	6) on	ĺ			
	5/9/16.		-				
	The findings include:						
	1 Pecident #116	andmitted to the feetile					
		s admitted to the facility					
ļ	schizophrenia doman	including, but not limit itia, high blood pressur	ea to;				
	and denression On E	itia, nign blood pressur Resident #116's admiss	t,				
		tesident #1163 admiss lated 5/3/16, he was co					
	as having both short to	erm and long term mer	non				
	as having both short term and long term memory problems. He was coded as having a history of						
		oded as not having an					
		oded as having an alter					
		ue to coanitive decline					

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID.	

CENTER	S FOR MEDICARE & I	MEDICAID SERVICES	<del></del>	<del></del>		OMB NO	D. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING		1	?-C <b>2/201</b> 6
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	<del></del>	
ASHLAN	D NURSING AND REH	ABILITATION	•	OMPSON ST ND, VA 230			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETIC E APPROPRIATE OATE		
F 281	Continued From pag	e 67		F 281	A.J.J.		
	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY  OR LSC IDENTIFYING INFORMATION)			3. In-servicing has been prothe licensed nurses by the DCS/designee on proper and accurate documentation in medical record. In-servicing been provided to the interdisciplinary team by the DCS/designee regarding upoplan of care with any change include behavioral outburst appropriate interventions to safety. Random weekly review be conducted by the DCS/defor five (5) residents per weathree (3) months to ensure than any behavioral episodes have added to the plan of care and immediate interventions in 4. Results of the reviews will discussed by the administrator/designee at the Quality Assurance Performal Improvement meeting month three (3) months. The commutation is a indicated to sustain substantial compliance.	d the has e dating es to with o provide ew will esignee ek for that the ve been nd place. II be nce thly for mittee		

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CENTERS FOR MEDICARE & MEDICAID	SEDVICES.

		T OLIVIOLO				OMB 1	<u>10. 0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
		495362		B. WING			R-C	
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY, STATE	710.0005	05/	12/2016	
ASHLANI	D NURSING AND REH	ABII ITATION	L	OMPSON STR				
	1,21,	ADIENTATION		ND, VA 23005				
(X4) ID	SLIMMADY 6:	TATEMENT OF DEFICIENCE	l	77. 77. 2000.				
PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) CDMPLETIDN DATE	
F 281	Continued From pag	e 68		F 281				
Í	A review of the Admis	ssion Care Plan for Res	sident	. 20.				
	#116 dated 5/2/16 list	ted the following						
	interventions under th	ne heading						
	"Falls/Safety/Elopeme	ent Risks: " Orthostatio	:	:				
ì	hypotension precaution	ons (to prevent low blo	od	İ				
	pressure when quickly	y sitting or standing up	),	ļ				
	ambulation devices a	s necessary, assess						
	cognitive status as an	oility to ask for assistan	ce,					
		ear for fit and non-skid					İ	
,	soles, encourage activity, safety checks, orthostatic BP (blood pressure) checks.						İ	
		pressure) checks.						
	Further review of the	clinical record revealed	ino					
		the facility staff address						
	Resident #130's threa	ats to Resident #116, o	,					
	assessed Resident#1	116 for safety needs. 1	he l					
	record revealed no ev	idence that Resident#	116	ľ				
	was protected from fu	rther threats or harm fr	om					
	Resident #130.						•	
1	On 5/11/16 at 5:50 a r	m ACM (a desirate to the						
	staff member) #3, the	m., ASM (administrative	9					
	nursing was interview	red regarding the above	_				-	
	referenced nurse's no	te. She was asked to	<b>3</b>					
i	provide the surveyor v	vith an incident report a	and					
	investigation regarding	g the threat Resident #	130					
	made to Resident #11	6. She stated that she	did					
	not have any further d	ocumentation regardin	g this	Ì	•			
	incident. She stated ti	hat she was aware tha	t the					
	nurse working the floo	r when the incident						
,	occurred separated the	e residents immediatel	у,					
	and kept Resident #11	16 at the nurse's statior	until					
}	Resident #130 had go	ne to sleep. She state	d [					
	that when Resident #1							
İ	facility staff assisted R	esident #116 back into	his					
	bed (in the same room	i as Resident #130).		1				
Ì	On 5/11/16 at 6:10 p.m	n i PN #11 was		1				
}	interviewed about the	n, wrivi#ii was above referenced incid	ent					
	She stated that she wa		CIII.					
1								

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STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
i		495362		B. WING		R-C 05/12/2016	
NAME OF PR	OVIOER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET AOOR	ESS, CITY, STAT	E, ZIP COOE		
ASHLAND	NURSING AND REH	ABILITATION	906 THC	MPSDN ST	REET .		
7101127111	, mondino into me	, i.S. i.E. i.B. i.i.O.i.		ND, VA 2300	*		
	0.00000	TITLE OF OFFICE USES				·	
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F 281	Continued From pag	e 69		F 281			
	· -	and on assessing him fo	or anv				
	injuries. She stated t	_	,				
		t injuries for Resident#	116.	j			
		dent #116 was being "v					
		n his room, and that Re	- ,	1			
	#130 said: "If you ca						
	[expletive] down, I wi	Il make him sit it down,	" She				
	stated that she put R	esident#116 in a whee	lchair	i			
1		the nurse's station for					
		She stated that Reside	1				
	i '	and she assisted Resid	I				
	#116 back to his bed at that time. She stated that						
		or about this, and that t					
	supervisor told her to make sure the residents						
	were separated and monitored to make sure						
	there were no other incidents. When asked if she						
		information in the clinic	1				
•	record, she stated: "No, I didn't. I know I should have."						
ļ	On 5/12/16 at 8:25, LPN #9, the unit manager,		er.				
		arding what she would					
		resident threatening a					
	resident. She stated	that the residents shou	uld be				
	separated for safety.	She stated that she w	ould				
	alert the director of n	ursing. When asked if	she				
	would document any	of her actions, she sta	ted				
		a nurse's note about w					
		any action she took. S					
	j	r and the RP should als	1				
	i e	d if she was told about					
		sident #116 and #130,					
	stated: "I didn't hear exactly what was said. I was just told they were arguing. I told the nurse						
		ere arguing. I told the n hem moved." When as					
		shared in the morning	oncu II				
		shared in the morning , she stated: "I brought	t the				
	chart to the morning		. u 10				
		t] (5/10/16)."  She state	ıd:				
	"There absolutely sh		· · ·				
	aboolatory of						

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CENTERS FOR	MEDICARE & MEDIC	CAID SERVICES

CENTER	S FOR MEDICARE & N	MEDICAID SERVICES				OMD I	KM APPROVED
	MENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CL AN OF CORRECTION IDENTIFICATION NUMBER				PLE CONSTRUCTION 3	(X3) OATE S	
		495362		B. WING		05.	R-C /12/2016
NAME OF PI	ROVIOER OR SUPPLIER		STREET AGO	RESS CITY STA	ATE ZIP COOE		
ASHLAN	D NURSING AND REH	ARII ITATION	l .				•
		A DIEL IATION					
			ASILA	(ND, VA 230	05		
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F 281	13			F 281			<del></del>
	investigation." She st	tated she could not rec	all				
	exactly what she had	shared or what had be	en				
	discussed at the morning meeting on 5/10/16.						
		mig moderng on or tor to	<b>U</b> .				}
	On 5/12/16 at 8:40 a i	m IPN #10 the eveni	ina				
	supervisor on 5/9/16	was interviewed regard	ding				
	the process to be follo	wed when a resident w	was				
	threatened by a room	mate She stated: "If i	twos				
	an actual threat I wou	Ild senarate them and	notify				
	my boss. I would get	witness statements fro	m				
	anyone who saw or he	eard anything whether	'.' <sub>i+</sub>				
	was staff or residents	" When asked how sh	1,				
	determined that a thre	eat was an "actual" one	ie cho				
	stated: "An actual thr	eat would be if a nation	, 5110				
	said that they would h	out woold be it a patier	tuolle.				
	hurt someone " When asked about the above						
	referenced incident be	twoon Resident #118	e				
	Resident #130 she st	ated: "It was not broug	allu tht to				
	me as a threat " She	said that another stoff	3115 50				
	member had told her t	that Resident #130 had					
	something about Resi	dent #116 falling all ove	er the				
	place." She stated that	at her concern was mu	ch				
	more about the reside	nt's unsteadiness and i	riek				
	for falls. She stated th	nat a CNA (certified nur	reina				İ
	assistant) sat with Res	STREET AOORESS, CITY, STATE, ZIP COOE  906 THOMPSON STREET ASHLAND, VA 23005  MMARY STATEMENT OF OEFICIENCIES NCY MUST BE PRECEOEO BY FULL REGULATORY PREFIX TAG  PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)  Om page 70  She stated she could not recall the had shared or what had been  STREET AOORESS, CITY, STATE, ZIP COOE					
	stated: "We kent him	safe all night \\\\	2110				
			ne er				1
	had been told exactly	what Resident #130 ha	16				1
	said, she would have	moved Resident #130 Hz	.0.3				1
	different room When	asked if she passed or	.0 a				
	any information about	this incident to the now	<u>'</u>				]
]	shift, she stated: "I wo	with have need it on	i.				j <b>i</b>
,	myself. It was not on t	the 24-hour report 1 of	ould				
	have put it on there "	Mhen asked if the inci-	lont				
	should have been invo	vinen askeu II the INCIC	icit				]
ļ	ahuse she stated: "Ve	ongated as an incident	. UI				1
	had known what really	יים ארויטויון אפטטטטען. פיין אפטטטטען אפטטטטען אפטטטטטען ארייטיין ארייטיין ארייטיין ארייטיין ארייטיין ארייטיין	- II I				
	naa movin what leally	Habberied' i Monid US/	ve.				
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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILOING			(X3) DATE SURVEY COMPLETED	
		495362		B. WING		1	R-C 2/2016
NAME OF PROV	IDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE		
ASHLAND N	URSING AND REH	ABILITATION	906 TH	MPSON ST	REET		
			ASHLA	ND, VA 2300	95		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY)	
CaAAo Cicithsi AP"/ FPT slDsi NAIrPdidin atthib piptire o	ASM #3, the assistant ASM #4, the regional of these concerns.  On 5/12/16 at 4:25 p. Identify the facility's plinical matters. She are Lippincott clinical tandards.  A review of the facility rogress Notes" reveat resident's progress Notes" reveat resident's progress ecord as required. To rogress Note to doc the note will be written thall include the followate, Time (specific, pecific information, State of the termination is a high commentation is a full ursing care. Patient and need to be accurrent care can be competed to the commentation provides attending the commentation of the commentation of the termination of the thermembers of the termination o	m., ASM #1, the  2, the director of nursing and todirector of nursing, and consultant, were informable.  m., ASM #2 was asked refession standard for stated that the facility consultant and the facility consultant and the facility of policy entitled "Nurse aled, in part, the follows shall be documented the nurse shall utilize the function of block time), Reside and the facility in black ink and wing but not limited to: not block time), Reside and signature with credentian was provided prior to entals of Nursing Made and twilliams and Williams and Williams and Williams and Williams and williams and the cast "Nursing gardly significant issue signature of records are legally validate and comprehensive municated effectively to ess the content of less an accurate depictive, quality of care may record can produce the care that is provided	ind ined ined ined ined ined ined ined i	F 281			

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID.	

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STATEMENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI, AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) OATE SU COMPLE		
	405200		5 11010			R-C	
	····	495362		B. WING		05/	12/2016
	OVIOER OR SUPPLIER		STREET ADOR	RESS, CITY, STATE	, ZIP COOE		
ASHLANI	O NURSING AND REH	ABILITATION		OMPSON STR ND, VA 23005			;
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F 281	Continued From pag	e 72		F 281			
	Fundamentals of Nur 237): "The client reco document of the clien receivedBecause n team members cannot assessments or intervears after the fact, a documentation at the	sing, 5th edition (2007, ord serves as a legal at's health status and caurses and other health of remember specific ventions involving a clic ccurate and complete time of care is essenticen excellent, but the	are care	1 201			
	5/3/16 with diagnoses schizophrenia, demer and depression. On I nursing assessment of as having both short to problems. He was concerned behaviors. He was concerned as a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, but was a depression, and most result of the depression of t	ses including, but not lir e pulmonary disease, , agitation and history or recent MDS (minimum	ed to: re, sion oded mory y of y ration n				
	#130 was coded as himpairment for making scored eight out of 15 interview for mental si having exhibited no be back period.  A review of the clinical	e date 3/10/16, Resider aving moderate cogniti g daily decisions, havin i on the BIMS (brief tatus). He was coded i ehaviors during the loo	ve g as k				

NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION  (X4) ID PREFIX TAG  F 281  Continued From page 73 at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called	STATEMENT OF DEFICIENCIES ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		i i	(X2) MULTIPLE CONSTRUCTION A. BUILOING		VEY :0
ASHLAND NURSING AND REHABILITATION  (X4) IO PREFIX TAG  (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 281 Continued From page 73 at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort. [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is		495362			B. WING		1	
ASHLAND, VA 23005  (X4) IO PREFIX TAG (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  F 281 Continued From page 73 at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort. [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is	NAME OF PR	ROVIDER OR SUPPLIER		STREET AOOR	ESS, CITY, STA	TE, ZIP COOE	<del>l</del>	
PREFIX TAG  (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  F 281  Continued From page 73  at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort. [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is	ASHLAN	D NURSING AND REH	ABILITATI <b>ON</b>			_·		
at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort.  [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is	PREFIX	(EACH OEFICIENCY MUS	T BE PRECEOEO BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO	LO BE	COMPLETION
and made aware of fall. Request b/p (blood pressure) to be rechecked. BP 132/60Call placed to MD. Awaiting return call @ (at) this time."  A review of Resident #130's clinical record revealed no nurses' notes after 5/2/16. The record contained no evidence of an altercation between Resident #130 and Resident #16 on 5/9/16.  On 5/12/16 at 1:10 p.m., LPN #8 was interviewed regarding what should be documented if a resident makes a threat against another resident. She stated: "It should go in both resident charts. I would write a note in each of the charts. I would say what happened and who I called."  On 5/12/16 at 1:15 p.m., LPN #9, a unit manager, was interviewed regarding what should be documented if a resident makes a threat against another resident. She stated that the events should be documented in both residents' progress notes. She stated that after the residents are separated and the physician and RP are notified, everything that happened with both residents should be documented.  On 5/12/16 at 3:10 p.m., ASM #1, ASM #2, ASM #3, ASM #4 and ASM #5, the corporate MDS	F 281	at 7:30 p.m. and writte practical nurse) #11: hall giving out medica [wing number] by other on floor in hallway. D [Names of other reside him fall but they heard extremely confused waround in the room to upset and threating (sand made aware of fapressure) to be reche placed to MD. Awaiti time."  A review of Resident: revealed no nurses' norecord contained no eletween Resident #1 5/9/16.  On 5/12/16 at 1:10 p. regarding what should resident makes a three She stated: "It should I would write a note in say what happened a coumented if a resident makes a three she stated: She stated: She stated: She stated: She stated: She stated: She residents are separated another resident. She should be documented progress notes. She residents are separated RP are notified, every both residents should.	en by LPN (licensed "Charge nurse on middation. Called to Front Fer residents. Resident benies pain or discomfortents] state they didn't sid him hit the floor. Resivandering and fumbling the point the roommat sic). MD (physician) call. Request b/p (blood cked. BP 132/60Calling return call @ (at) the sidence of an altercati 30 and Resident #116 m., LPN #8 was intervided be documented if a cat against another resided go in both resident charts. It was also and the charts. It was also and the charts. It was also and the charts. It was also and the charts and who I called."  The community of the charts and who I called."  The community of the charts and who I called."  The community of the charts and who I called that the events of the charts and the charts and the physician a	dall noted bott. see sident de is elled liss on on ewed dent. harts. would hager, ainst s nd ith	F 281			

STATEMENT	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-0391		
	STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA ANO PLAN OF CORRECTION IOENTIFICATION NUMBER:			A. BUILOING		(X3) DATE SURVEY	
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		495362		B. WING		1	R-C
NAME OF PE	ROVIOER OR SUPPLIER		STREET AGOS	ESS, CITY, ST		05/	12/2016
	D NURSING AND REH	ARII ITATION	l				
	THE REPORT OF THE PARTY.	ADIE! (ATION		OMPSON ST ND, VA 230			
(X4) IO	SHIMMA DV C	FATCALCUT OF ACCUMENT		VD, VA 230			
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·					OEFICIENCY)		
F 281				F 281			·
	consultant, were infor	med of these concerns	s.				
	No further information	was provided prior to	exit.				
F 282	483.20(k)(3)(ii) SERV			E 200			
SS=D	PERSONS/PER CAR	E PLAN		F 282	1 Parishara (400 to )		1- la - 14
					1. Resident #109 is having oxy	gen	6/22/14
	The services provided	or arranged by the fac	cility		therapy provided by qualified	staff.	
	must be provided by a	qualified persons in			Resident #104 no longer requi	ires 1:1	
	care.	resident's written plan	of		supervision.		
	00.0				2. Residents currently residing	in the	
i					facility have the potential to b	е	
	This Requirement is r	not met as evidenced b	y:		affected. DCS/designee will in		
	Based on observation	, staff interview, facility	'		service nursing staff /on regul	ations	
	document review and	clinical record review i	t was		for administration of oxygen a	nd	
	determined that facility	y stan falled to ensure d by qualified staff for (	\n_		following the residents plan of	f care.	
	of 30 residents in the	survey sample; Reside	nt		1:1 supervision for residents		
	#109; and facility staff	failed to follow the plan	n of		3. DCS/designee will perform		
	care for one of 30 resi	dents in the survey sar	nple;		random audits 3 times weekly	for 3	
,	Resident #104.		İ		months to ensure that oxygen	.0, 0	
	1. Facility staff failed to	^			therapy is being provided by		
	administered by qualif	o ensure oxygen was ied staff for Resident #	100		qualified staff as per MD order	r	1
		iod stail for resident #	109.	:	DCS/designee will conduct ran	dom	
	2. The facility staff fail	led to follow the plan of	:		audits to ensure that residents	have	
i	care for one of 30 resid	dents in the survey sar	nple,		a current care plans and that	silave	
	Resident #104.				implementation is accurate.		
					4. Results of the reviews will be		
	The findings include:				discussed by the	oe .	
					•		
	1. Resident #109 was	admitted to the facility	on		administrator/designee at the		1
	8/12/15 with diagnoses	s that included but were	e not		Quality Assurance Performanc		
	limited to heart failure,	tracture of left femur,			Improvement meeting monthl		
	major depressive disor dementia with behavio	ral disturbance and (1)			three (3) months. The commit		
	COPD (Chronic Obstru	rar disturbance and (1) active Pulmonary Dises	ise-		will recommend provisions to	the	
	a progressive disease	that makes it hard to	.50-		plan as indicated to sustain		
	breathe). Resident # 1				substantial compliance.		

		<b>\</b>		· ·		
DEPARTI CENTER:	MENT OF HEALTH AN S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES			Printed: FOR OMB N	05/26/2016 M APPROVED O. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLET	RVEY
	495362		B. WING		1	R-C 2/2016
	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIP COOE	<del></del>	
ASHLANI	O NURSING AND REH		HOMPSON STE AND, VA 2300			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	IATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOULD BE	IX5) COMPLETION OATE
	(Minimum Data Set) with an ARD (Assessi 2/19/16. Resident #1 moderately impaired if out of 15 on the BIMS Status) exam. Reside being totally depende locomotion, toileting, bathing; and extensive On 5/10/16 at 12:15 pconducted. At 12:50 pbserved sitting up in right beside the bed fe #109 was observed with was hooked up to an econ centrator was off. nursing assistant) was #109's pxygen was how "Oh, it is not even on." the oxygen concentrate the 02 rate to 2 LP #18 stated that his oxybe on. CNA #18 was oxygen was off.  Review of Resident #1 (Physician Order Sheed documented the follow 2L (liters)/min (minute)	was a quarterly assessment ment Reference Date) of 09 was coded as being in cognitive status scoring 7 of (Brief Interview for Mental ent #109 was coded as int on staff with transfers, personal hygiene and ele assistance with eating.  b.m., tour of the facility was bed. His nursing aide was bed. His nursing aide was bed. His nursing aide was bed him lunch. Resident earing a nasal cannula that boxygen concentrator. The When CNA #18 (certified is asked where Resident booked up to, she stated, or CNA #18 then flipped on tor switch that automatically always supposed to not certain how long his 109's most recent POS et) dated 5/1/16 ving order, "02 (oxygen) at ovia nasal cannula less of breath." This order	F 282			

Review of Resident #109's care plan revised 3/3/16 documented the following intervention

under care area "Respiratory," "Oxygen as ordered (specify route, device, and liter flow) 2 LPM via NC (nasal cannula) continuously."

On 5/11/16 at 1:40 p.m., an interview was

DEPARTMENT O	F HEALTH AND HUMAN	SERVICES
	MEDICARE & MEDICAID	

	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION			(X3) OATE SURVEY	
ANU PLAN O	AN OF CORRECTION IOENTIFICATION NUMBER:		ER:	A. BUILOING		COMPLE	COMPLETEO	
	495362		B. WING			R-C 1 <b>2/2</b> 016		
ł	ROVIOER OR SUPPLIER		STREET AOOF	RESS, CITY, STA	TE, ZIP COOE	<u></u>		
ASHLANI	DINURSING AND REH	ABILITATION		OMPSON ST				
			ASHLA	ND, VA 230	05		1	
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES IT BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCEO T	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULO BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)		
F 282				F 282				
		#18. When asked the						
		s oxygen concentrator i						
		'Cut it on immediately a						
		n to me is important." \ ed to administer medica						
		en asked if she is allov						
	administer oxygen sh		ved to					
	supposed to turn it or							
	On 5/11/16 at 1:51 p.:							
		Licensed Practical Nur	se)					
	#3. When asked who		_					
		place and functioning						
		02, she stated, "The nu s allowed to administer	rses."					
	oxygen she stated, "T							
		ion. We don't know if C	·NΔ's					
		a resident has to be o						
	On 5/11/16 at 2:00 p.r	m., an interview was						
	conducted with CNA #		ļ					
	process if she notices	a resident's oxygen						
		he stated, "Tell my cha						
		n 02 is not on. I don't to						
		d my scope of practice.						
	Oxygen is considered	f a medication,"						
	Facility policy titled, "C address the above co	Oxygen Therapy," did r ncern	iot					
	On 5/12/16 at 2:54 h -	m., ASM (Administrativ						
		DON (Director of Nurs		i				
	was made aware of th	•	1119 <i>)</i>					
		entals of Nursing, Pern						
	Potter, 6th edition, pag	ge 1122, Oxygen shoul	d be					
		nas dangerous side effe			 			
		oxygen toxicity. As wi						
		or concentration of oxy						
	PHOUSE COUSTUDOUS!	y monitored. The nurs	e					
							1	

DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE &	Printed: 05/26/201 FORM APPROVE			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  495362			(X2) MULTIPLE CONSTRUCTION A. BUILDING	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
			B. WING	R-C 05/12/2016
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE		05/12/2016

SHLAND NURSING AND REHABILITATION 906 THOMPSON STREET
ASHLAND, VA 23005

		ND, VA 23005		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO DATE
F 282	Continued From page 77 should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."  No further information was presented prior to exit.  (1) http://www.nhlbi.nih.gov/health/health-topics/topic s/copd/	F 282	DETIGLACITY	
	2. Resident #104 was admitted to the facility on 9/9/15 and most recently readmitted on 1/16/16 with diagnoses including, but not limited to: Huntington disease*, difficulty swallowing, dementia, and psychosis. On the most recent MDS (minimum data set), a quarterly assessment with ARD (assessment reference date) 4/26/16, Resident #104 was coded as having both short term and long term memory difficulties, and as being severely cognitively impaired for making daily decisions. He was coded as requiring supervision of staff for walking in his room and on the unit. He was coded as being unsteady but able to stabilize without staff assistance for walking and turning around and facing the opposite direction while walking. He was coded as having had one fall with no injury during the look back period.			
;	On 5/11/16 at approximately 7:30 a.m., Resident #104 was observed walking down the hall of his unit without 1:1 supervision by facility staff. He stopped in the middle of the hall and undressed.			

DEPARTMENT OF HEALTH AND HUMA	N SERVICES
CENTERS FOR MEDICARE & MEDICAL	DISERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		1	LE CONSTRUCTION	(X3) DATE SU	
	495362		A. BOILDING	·		R-C 05/12/2016	
			B. WNG		i		
1	OVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	<del>!</del>	
ASHLAN	NURSING AND REH	ABILITATION	1	IOMPSON ST	The second secon		
			ASHLA	ND, VA 230	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE
					DEFICIENCY)		
F 282	Continued From pag			F 282			
		7:50 a.m. and 7:55 a.m					1
		bserved walking down					
		t evidence of 1:1 super					
		ntered and exited multi					
	rooms of other reside	nts during this time, as	well				
	as entering and exitin	g the activity room.					
•	On 5/11/16 at 8:00 a s	m., Resident #104 was					
	observed walking in the						
		empted to enter anothe	er.	i			
	resident's room. The	surveyor observed	v 1				
		pushed out the doorwa	ıy.				
	0 =1444==						
		m., Resident #104 was					
	joined in his walk by (						
	assistant) #2. She sta		,				
		one with him today. Y					
	sit in the dining room	ed to find somebody els with evervone else	se to				
		m., Resident #104 was					
		ne unit hall. CNA#2, v					
		roximately 15 feet beh					
		at the medication cart					
		member. Resident #1					
		supervised down the ha					
	and attempted to ente	er the room from which	he				
	had been pushed earl		!				
	the door behind him.	e room and entered, cl	osing				
		an to search for Resid	ont				
		d him in the other room					
		n, closing the door beh					
	her.	, 5					
	A da	Band Co.					
Ì	A review of Resident #						
	revealed the following						
ĺ		ning shift) - Resident ve					
	resident but was unsu	eral attempts on redire	curig				
	Toolacht but was unsu	ooosau.					

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	t×
	405200		

	OF CORRECTION	IDENTIFICATION NUMB	ER:		E CONSTRUCTION	(X3) DATE COMP	LETED	
		495362		B. WING	<u>.</u>	0.0	R-C 5/12/2016	
	ROVIDER OR SUPPLIER D NURSING AND REH	ABILITATION	906 TH	ADDRESS, CITY, STATE, ZIP CODE THOMPSON STREET ILAND, VA 23005				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR OR LSC IDENTIFYING INFORMATION)  2 Continued From page 79		S EGULATORY	IO PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
	- "4/17/16 - 7-3 (day care and difficulty with throws/sits on floor with redirecting." - "4/19/16 - 3:15 p.m. from 1:1 to q 15 min checks. Will monitor safety checks or return safety checks." - "4/19/16 - 4 p.m Ragitated. Unable to reduce out of others rooms." - "4/22/16 - 1:00 p.m. was called. Left mess concerning incident thand another resident "4/22/16 - 11:30 a.m. walking thru (sic) halls help. Resident combouredirected from going Resident laid (sic) in a redirected, however concerning incident thand another resident "4/22/16 - 11:30 a.m. walking thru (sic) halls help. Resident combouredirected from going Resident laid (sic) in a redirected, however concerning incident that it is a redirected, however concerning incident staff materials. However concerning incident staff materials are view of physician note written on 4/19/1 (administrative staff materials. He carries thuntington chorea and asked [by the primary reviewPer staff, he pother patient's room	shift) - Resisting and reth redirecting. Resident rithout injury when a - Resident status char (every 15 minute) safet need to either continuer to 1:1 or d/c (discontrated to 1:1 or d/c (discontrate	t inge by extinue) gly sted y) #104] t int to hen om. ed a il t, the int of	F 282				

				0.400 1.41.11.		UIVIB IN	<u>U. 0938-0391</u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		1	LE CONSTRUCTION		(X3) OATE SURVEY	
		IOEATH TO AT IOTA HOMB	-17.	A. BUILDING			COMPLETEO	
		495362		B. WNG			R-C	
NAME OF BO	OVIOER OR SUPPLIER	<u> </u>				05/1	2/2016	
	D NURSING AND REH.	ADII ITATION		RESS, CITY, STA				
VOLITYIAL	A MONSHAR AMP KEN	ADILITATION		OMPSON ST				
	, <del></del>		ASHLA	ND, VA 230	05			
(X4) IO PREFIX		TATEMENT OF DEFICIENCIES		10	PROVIOER'S PLAN	OF CORRECTION	(X5)	
TAG		T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATURY	PREFIX TAG	(EACH CORRECTIVE A	CTION SHOULO BE	COMPLETION DATE	
		,		1/10	CROSS-REFERENCEO T OEFICIE		-7.0-	
F 282	Continued From page	e 80		F 282				
	, ,	he word "Other" under	the	F 202				
		eside this was written "						
		Sold and was witten	'.'.					
	A review of the compr	rehensive care plan for					1	
	Resident #104 dated	11/9/15 and most rece	ntly					
,	updated on 4/22/16 re	evealed, in part, the	•					
	following: "Potential f	for impaired or inapprop	oriate					
	behaviorsas eviden	ced by violence to othe	ers,					
	noncompliance with c	are or treatment regim	e,				:	
	ineffective impulse control, wandering, aggressive							
		ers, unsafe behaviors -						
		ating without assistand er residentsincrease						
	monitoring as needed		1.1					
	monitoring as needed							
	On 5/11/16 at 7:05 a.r	m., CNA #4 was intervi	ewed					
		Resident #104 should						
	receiving. She stated	: "Most of the time, he	has					
	a one on one with him	n, even at night." Wher	ı					
	asked why he require:							
	stated: "His biggest the	hing is getting into othe	r					
	people's beds." She s	stated that he falls easi	ly				1	
	and that he "agitates of	other residents." When	)					
	asked now she knows	a resident requires 1;	1					
	kardex.	d that she looks on the						
	norwork.							
	On 5/11/16 at 7:10 a.r	n CNA #20 was						
	interviewed regarding	supervision Resident	<sub>#104</sub>					
	should be receiving.	She stated: "He is one	on					
		he requires 1:1 superv						
		ound, takes his clothes	off					
	and goes into other re	sidents' rooms."						
	On 5/44/40 + 4.00	- LDNI/II						
	On 5/11/16 at 1:00 p.n	n., LPN (licensed pract	ical			•		
	#104 on 5/11/16. Whe	taking care of Residen	T					
		en asked what kind of be receiving, she state	ارا ال					
	think he is one on one	. I have never worked	on					
		work for an agency -		İ				

			(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
<del>-</del>		495362		B. WING		R-C	
<u> </u>	<u> </u>	490002				05/12	2016
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRI	ESS, CITY, STATI	E, ZIP CODE		
,				MPSON STE ID, VA 2300:			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	IX5) COMPLETION DATE
F 282	Continued From pag	e 81		F 282			
F 282	the facility." When as aw are of what sort of requires, she stated: nurse, or the schedul should have it." Whe was on 1:1 supervisic "Behaviors. It might asked the goals for 1 #104, she stated: "To doing - so we will know that it also could be to pretry to keep him safe of prevent an event with asked if she had look plan or kardex during have not had time."  On 5/11/16 at 1:30 puregarding 1:1 supervistated: "They may be fall risk. They may be fall risk. They may he want to make sure the someone, so they are above-referenced no intended by one on the note, he stated: needs to be observed leaves the room, he observed." He stated have someone watch	sked how she becomes supervision a resident "I get report from the re or assignment sheet in asked why Resident on precautions, she stated she she she she she she she she she she	#104 tted: hen dent ent is g on. nt to hen care "I riewed by be a fou on't hit n the te in e If he di, ded to at	F 282	DEFICIENCY)		
	"close observation."  On 5/11/16 at 1:45 p #1, the manager for interviewed regarding resident's safety nee needs to know how r are able to safely use	.m., RN (registered nur Resident #104's unit, w g the process for asses ds. She stated that the esidents are walking, it e a wheelchair, or if the in the facility's dement	rse) /as ssing a e staff f they ey are				

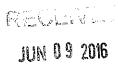
Printed: 05/26/2016 FORM APPROVED

OLIVILING	3 TON MEDICARE & I	TEDICAID SERVICES			······································	OMB NO	D. 0938-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		l l	LE CONSTRUCTION	(X3) DATE SUF	RVEY		
		495362		B. WING		1	R-C 2/2016		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS. CITY, STA	RESS, CITY, STATE, ZIP CODE				
ASHLAND	NURSING AND REH	ARII ITATION							
	TO TO THE TIET	ADILITATION		HOMPSON STREET .AND, VA 23005					
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>	(5 ]					
PREFIX	(EACH OEFICIENCY MUS	T BE PRECEDED BY FULL RE	GULATORY	ID PREFIX	PROVIDER'S PLAN OF CORRE	CORRECTION (X5)			
TAG		ENTIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	DODDIATE	COMPLETION DATE		
					DEFICIENCY)	KOFKIATE			
F 282	Continued From pag	e 82		F 282			<u> </u>		
	When asked who det	ermines what a resider	nt İ						
	needs regarding safe	ety, she stated: "Either	the	i					
		g meeting, or, if it is an	ļ						
		staff implements some	thing I						
	right away and inform	is the team at the next							
	morning meeting." W	Vhen asked if she atten	ds l						
	the morning meeting	as a unit manager, she							
	stated: "I just started	going to them this wee	k"						
	When asked what 1:1	1 supervision means fo	r	İ					
	residents, she stated that the 1:1 staff member								
	should be within arm's reach of the resident at all			İ					
		now this is communicat							
		nforms staff after a mori							
		ongoing need, the 1:1			·				
	assignment is docum	ented on the unit							
		he stated that Residen	t l	1					
	#104 should currently	have a 1:1 staff							
	assignment. When s	hown the care plan for		i					
	Resident #104 she st	ated: "This means tha	t we	i					
		or him period. He shoι							
		one." When asked why		ļ					
	resident needed 1:1 s	supervision, she stated	: "We	ļ					
	put him on one on on	e to protect him from o	thers.						
	He goes into different	t residents' rooms. He	has				:		
	been one on one for a	a long time." When asl	ced if						
	this information shoul	ld be on the care plan a	ınd						
	kardex, she stated: "								
	On 5/11/16 at 2:55 p.i	m., CNA #2 was intervi	ewed	1					
	regarding her care for	r Resident #104 that da	ıy.						
		ad arrived at work at 7:	00						
	a.m. She stated that								
		residents in four rooms							
	the unit for that shift.	Then she was assigne	d to						
	1:1 care for Resident								
	assigned back to the	original eight residents							
	towards the end of he	er shift. When asked w							
		:1 assignment with Res							
	#104, she stated: "It	was between 8:00 (a.m	ı.)						
	and 8:30 (a.m.). I sav	w he didn't have anybor	y Vt						

FORM CMS-2567(02-99) Previous Versions Disolete

J2WF12

If continuation sheet Page 83 of 153



STATEMENT OF OEFICIENCIES (X1) ANO PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			E CONSTRUCTION	(X3) OATE SURVEY	
						COMPLETED R-	
		495362		B. WNG		05/12/	t
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOF	RESS, CITY, STAT	E, ZIP COOE		
ASHLAND	NURSING AND REH	ABILITATION	906 TH	OMPSON STE	REET		
			ASHLA	ND, VA 2300	5		
(X4) IO		TATEMENT OF OEFICIENCIES	3	10	PROVIOER'S PLAN OF CORRECT	ION I	(X5)
PREFIX TAG		IT BE PRECEOEO BY FULL RE	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)		COMPLETION DATE
F 282	Continued From pag	e 83		F 282			
		f I could be his sitter."		1			
		ime she arrived until sh				1	
		n between 8:00 a.m. ar	nd				
	8:30 a.m., the reside	nt was unsupervised.					
	On 5/11/16 at 2:35 p.	.m., ASM #2, the direct	or of				
	nursing, was intervie						
	assessment of reside	ents' safety needs. She	•				
		look at the whole perso					
		bservations. We have		İ			
		esident needs as a who					
	1 *	that the nurse who orig esponsible for the initia	•				
	I .	nd that the unit manage					
	morning meeting star		510,				
		ding ongoing assessme	ents				
		w interventions if need					
		upervision did not requ					
	1	d could be started as a					
		When asked the proto					
		she stated: "You need t ent. You should be able					
	_	esident is doing." When					
	I	eded to be within arm's					
		ated: "It depends on the					
	resident. If you don't	t trust them, if the need	is				
	1	at you'd do." She state					
ļ		d nursing assistants) ar		ļ			
		ents, "they are close er asked specifically abo					
		asked specifically about sident #104, she stated:					
		l don't think he's on it r					:
	1	xecutive director] made					
		ed all the one on ones					
	discontinued it."						
-	On 5/11/16 at 3:10 n	m ASM#1 was inton	iowod				
		.m., ASM #1 was interv ement in making decision					
		rision for residents. He					
		ile back. We had two o					
1	1						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV				
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER	ER;	A. BUILDING	·	COMPLETED	
		495362		B. WING		R-C 05/12/2016	
	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ASHLANI	NURSING AND REH	ABILITATION		OMPSON ST			
			ASHLA	ND, VA 2300	05		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>	ID	PROMPERIO DI ANI OF CORRES		
PREFIX TAG		T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDERSON THE APPROPRIED TO THE	JLD BE COMPLETION	
F 282	Continued From pag	e 84		F 282			
	three people on one	on one. I am not a nur	se,				
	but I told them we ne	ed to assess the need.	1				
		I told them we neede					
	try it for a day, see ho	ow it goes. If we need	it, we				
		e don't." He stated tha					
	Within 24 hours, it wa	s clear that Resident#	104		1		
	needed the 1:1 super	vision. "The next day,	within				
	24 nours, ne nad and	other FRI (facility report	ed				
		r he needed it." When ether Resident #104 wa					
		d for 1:1 supervision, h					
		as I know. For now." \					
	asked why, he stated		VIIEII				
	aggression. He gets						
	On 5/11/16 at 5:50 p.	m., ASM #1, ASM #2, /	ASM				
	#3, the assistant dire	ctor of nursing, and AS	M #4,				
	the regional consulta	nt, were informed of the	ese				
	concerns.						
	A manufacture (19)						
	A review of the facility	policy entitled "Behav	or				
	Monitoring" revealed,	In part, the following:					
	the resident at rick of	ating behaviors that pla r interfere with care or	ice				
	residents will be mon	itored and interventions	otner				
	initiated as an individ		•				
		Residents with active					
	behaviors that place t	the resident at risk inte	rfere				
'	with care, or compror	nise the quality of care	or				
	quality of life will be re	eviewed by the	-				
	interdisciplinary team	on a regularly schedul	ed			ļ	
	timeInterdisciplinary	team will review beha	viors,				
	causative factors/trigg	gers and/or root cause	to			j	
		zed interventions to mir					
		ted behaviors. Reside	nt's				
	plan of care will be up	odated as needed."					
	A review of the facility	policy entitled "Plans	of				
	Care" revealed, in pa	rt, the following: "An	,				
		of care will be establish updated in accordance					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/O			PLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		495362		B. WING _		0:	R-C 5/12/2016	
	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE			
ASHLANI	O NURSING AND REH	ABILITATION		HOMPSON S AND, VA 23				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE (IENCY)	(X5) COMPLETION DATE	
F 282	Continued From page 85     state and federal regulatory requirements and on			F 282				
	as as-needed basis	The resident's plan of	care					
	encompasses many o	documents that are par	t of					
		record and may include						
		olan documents, but ma						
		nedication administration	on					
	records), TARS (treati							
		ders, flow records, and						
		would drive the plan of	care					
	for the individual residentDirect care staff should be aware, understand and follow their							
	Resident's Plan of Care. If unable to implement							
	any part of the plan, notify the Clinical Nurse or							
	Care Planning Coordi	•						
	documentation to supp	port his (sic) can be						
		care changed if necess	агу."					
	*"Huntington disease						İ	
		of-brain.jpeg> disorder	that					
	causes uncontrolled m							
		thinking ability (cognition	on).			•		
	This information is tak		le.					
	nups.//gnr.nim.nin.gov se.	//condition/huntington-c	isea					
İ	5¢.							
	According to Moshy's	Textbook for Long-Terr	n i					
		n edition, 2003. Page 1						
		d. Nursing center resid						
	are at great risk for fall	ls and other						
		to know the factors tha						
	increase a person's ris							
	You also need to follow	v the person's care pla	n,"					
{F 309}	483.25 PROVIDE CAF	RE/SERVICES FOR		{F 309}				
	HIGHEST WELL BEIN			()				
	Each resident must red							
	provide the necessary		ttain					
	or maintain the highest							
	mental, and psychosoc		l ant					
	accordance with the co and plan of care.	unprenensive assessm	ient					
ŀ	and plan of cale.		l					

DEPART CENTER	MENT OF HEALTH AN S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES			```		05/26/2016 RM APPR <b>O</b> VED 0. 0938-0391
	OF OEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURVEY COMPLETEO	
<u></u>		495362		B. WING			R-C
NAME OF P	ROVIOER OR SUPPLIER		STREET AOOR	RESS, CITY, STA	NE. ZIP COOF	05/1	2/2016
ASHLAN	D NURSING AND REHA	ABILITATION		OMPSON S			
			ASHLA	ND, VA 230	05		
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUST	ATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCEO TO THE APPROF OEFICIENCY)	O BE	(X5) COMPLETION DATE
{F 309}	Continued From page	∋ 86		{F 309}		-	<u> </u>
	Based on observation document review, clin course of complaint in determined that the fathe highest level of we residents in the survey Resident #121 and Resident #121 and Resident complete president complained of 2. Facility staff failed to during the administrati Resident #121.  3. Resident # 115's blocompleted as ordered and 5/8/16 at 9:00 p.m. The findings include:	, staff interview, facility ical record review and vestigation, it was cility staff failed to prorell-being for three of 30 y sample, Resident #11 esident #115.  facility staff failed to pain assessment when f unrelieved pain.  To follow physician order on of nasal spray for by the physician on 5/7 in admitted to the facility is that included but were nentia and bipolar diseat (minimum data set), ar	in the note 14, the on e not ase*.		1. For resident #114, a pain assessment has been complet resident has effective pain management. Nasal spray for resident #121 is being administ as ordered by MD. Resident ablood sugars are being complet per MD order.  2. Residents currently residing facility have the potential to be affected. A review will be conditionary for residents receiving pain medications for the past 30 day ensure pain assessments were completed and medication was effective. Observations were refor residents receiving nasal spand no deficient practice noted review of residents with orders blood sugar monitoring over padays will be conducted for completion as per MD order.	stered #115 eted as in the educted ys to s made orays d. A s for	i aali

(assessment reference date) of 5/3/16 coded the resident with a four out of 15 on the BIMS (brief interview of mental status) indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR MEDICARE & I	VIEDICAID SERVICES				OMB NO	0.0938-0391	
	MENT OF DEFICIENCIES   IX1) PROVIDER/SUPPLIER/CLIA AN OF CORRECTION   IDENTIFICATION NUMBER:			IX2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495362		B. WING		ĺ	R-C 05/1 <b>2/2</b> 016	
NAME OF PR	OVIOER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	VIE. ZIP CODE		,	
ASHLAND	NURSING AND REH	ABILITATION		OMPSON ST				
				ND, VA 230	-			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES T BE PRECEDEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE	
{F 309}	,			{F 309}	2 In consision will be a set			
	assistance of one sta	ff member for dressing	. In		3. In-servicing will be provide			
	Section J0400 Pain				licensed staff by the DCS/desig			
		ng the last five days in	the		on following MD orders to inc	lude		
		the resident had pain,			blood glucose monitoring. b)	1		
		ection J0600 Pain inte pain as an eight out of			Licensed nurses will be in-serv	riced	j	
		rst pain as an eight out of rst pain she could imag			on ensuring pain assessments	are		
	with terr being the we	rst pain she could imag	iiie.		completed including quality			
	Review of the resident's care plan signed and		d		descriptors prior to administe	ring ac		
	dated 5/2/16 documented in part, "4. Pain.  Monitor pain. Administer pain medications as				needed pain medications and	ilig as		
ļ	ordered. Eliminate or reduce causative factors."			monitoring the effectiveness of				
	Deview of the state of				pain medication c) in-servicing			
	Keview of the doctors	s orders dated, 4/28/16 etaminophen (Tylenol)	it		been provided by the DCS/des to the licensed nurses on safe	ignee		
	ma (milligrams) 2 tabs	દાંaminophen (Tylenor) ક (tablets) P.O. (by moા	325 #b\			]		
	twice a day, dx (diagn	iosis}: pain. Acetamino	ohen		medication administration to i	nclude		
	325 mg 1 tab P.O. Q	(every) 6 hrs (hours) as	3		notification of refusal and			
	needed. dx: pain."	, ,	İ		explanation to MD for any trea	atment		
					not provided.			
	Review of the Reside				. Random weekly reviews will	be		
	administration record)				conducted for five (5) residents			
	do not exceed (4000 r	mg 2 tabs P.O. twice a	day		weekly for three (3) months by		ŀ	
	Acetaminophen 325 n	ng 1 tab P.O. Q6Hrs as	.		DCS/designee for the following			
		e Tylenol was documer			ensuring pain assessments are			
	as being given twice a	a day from 5/1/16 to 5/1	0/16.		completed including quality			
	The Tylenol as needed	d had been given on fo	ur				ŀ	
	occasions: 5/3/16 at 7	:00 p.m.; 5/4/16 at 3:30	)		descriptors prior to administer	ing as		
		m. and 5/7/16 at 3:30 p	o.m.		needed pain medications and	_		
	There was no Tylenol 5/10/16.	as needed given on			monitoring the effectiveness o			
	J/ (0/ 10.				pain medication, b) safe medic			
	Review of the Resider	nt's every shift pain rati	na		administration is being followe	d		
	documented that the r		ا «		during random medication			
ļ	5/2/16 pain rating of	four on the 7:00 to 3:0			administration observations we	eekly		
	p.m. shift; 5/3/16 pa	in rating six on the 7:00	) to		for 3 month to include blood gl	ucose		
	3:00 p.m. shift; 5/4/16	pain rating eight on t	:he		testing, nasal sprays and insulir			
	7:00 to 3:00 p.m. shift five on the 7:00 a.m. to	; and 5/10/16 pain ra o 3:00 p.m. shift.  The	ting		o,prays and insum	'		

DEPARTA CENTERS	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES				FORM	05/26/2016 MAPPROVED
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O	CLIA ER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO (X3) OATE SUR COMPLETE	D. 093B-0391 RVEY
<del></del>		495362		B. MNG		R-C 05/12/2016	
	OVIDER OR SUPPLIER	-	STREET ADOP	RESS, CITY, STA	TE, ZIP CODE	1 03/12	2/2016
ASHLANI	NURSING AND REH	ABILITATION	906 TH	OMPSON ST ND, VA 2300	REET		
(X4) ID PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES ST BE PRECEOED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	ORE	(X5) COMPLETION OATE
(F 309)	Continued From pag	e 88		{F 309}			<u> </u>
		d the resident's pain as	zero	fi 2091			
	Review of Resident # documented, "5/7/16 Pain. R (with a circle Medication/Dose. Tylintervention. 0."  Further review of the 5/3/16, 5/4/16 and 5/documentation about pain rating or any funinterventions.  Review of Resident # 5/10/16 and timed for part, "Resident c/o (circle side pain, resident hoside hurt bad." Resident	#114's pain flow sheet . 3:30 p.m. Site/location around it} ribs. Intensity clinical record for 5/2/1 10/16 did not evidence if follow up on the reside ther pain assessments #114's nurse's notes da 10:30 p.m. documents complained of) having le biding left side stating "if ent received scheduled tinues to complain (of)	n of y 6. after  6, or  ted ed in eft my		4. Results of the reviews will discussed by the administrator/designee at the Quality Assurance Performal Improvement meeting month three (3) months. The community recommend provisions to plan as indicated to sustain substantial compliance.	ne nce thly for nittee	
	hold left side. Left a n doctor} answering se time awaiting MD res	nessage on MD (medic rvice to call facility. At t ponse." There was no	al	;			
	documentation that the reassessed or manage	ne pain was further	!				
	dated 5/11/16 at 1:00 Thoraco-lumbar Spin	an's orders signed and p.m. documented, "X-I e (arrow pointing to rig!*** 25 mg po (by mouths needed) Pain."	ray nt}				
	5/11/16 at 1:05 p.m. The hall with her right she was rubbing her stroughered that she was had had the pain	was having pain and th since being admitted to stated, "I don't like takin	ing in and at othe				

DEPARTA CENTER:	MENT OF HEALTH AN S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				Printed: FORI	05/26/2016 M APPROVED <u>0. 0938-</u> 0391
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/( IOENTIFICATION NUMBE			LE CONSTRUCTION	(X3) OATE SUF	RVEY
		495362		B. WING		F	₹-C
		100002	1			05/1:	2/2016
LABOR ATTRICTOR DE LA CONTRACTOR DE LA C			RESS, CITY, STA				
				OMPSON ST ND, VA 2300			
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS OR LSC IO	SUMMARY STATEMENT OF OEFICIENCIES (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		IO PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	PROVIOER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)	
{F 309}	Continued From pag	e 89		{F 309}			
	p.m. with LPN (licens When asked how res LPN #12 stated, "If the answer, that's how I was not verbal I check to see the pain med (medicate to the next step." Whe complained of pain, Lef her pain is a physical pain. She has never estouch (her abdomen)  An interview was comp.m. with LPN #8. Whe pain was assessed, Lefthen pain medication and make them comform medication and implementation and tell them who verbalize that the resi re-assessed.  An interview was comp.m. with LPN (licensed)	ducted on 5/11/16 at 4: nen asked how resident .PN #8 stated, "Before I try to change their po- ortable. Once I give the t's not working I call the nat we did." LPN #8 did	sed, orare n give e I go 114 t sure cal en I 14 t's I give sition em e not				

asked how she assessed the residents for pain, LPN #11 stated, "I will find out where the pain is located, if the patient can tell me I ask them to give me a one to ten pain rating or I look at the body movement or expression." When asked if she had noticed any non-verbal expressions from Resident #114, LPN #11 stated, "Once she was rubbing her stomach." When asked if she assessed the resident she stated she had not.

A telephone interview was conducted on 5/11/15 at 5:12 p.m. with LPN (Licensed Practical Nurse) #15, the nurse who wrote the note on 5/10/16 at

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID	SERVICES

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O		1	E CONSTRUCTION	(X3) OATE SURV	
<u> </u>		495362		B. WING		R- 05/12/	
NAME OF PR	OVIOER OR SUPPLIER	-	STREET AOOR	ESS, CITY, STAT	E, ZIP COOE		
ASHLAND	NURSING AND REH	ABILITATION		MPSON STE ND, VA 2300	· · <del> ·</del>		
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		10	PROVIOER'S PLAN OF CORRECT		(VE)
PREFIX TAG	(EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO OEFICIENCY)	LOBE	IX5) COMPLETION DATE
{F 309}	Continued From pag	e 90		{F 309}		Ī	
	10:30 p.m. When ask	red to review how she					
	discovered that Resid	dent #114 was having p	pain				
	and what she did fror	n there, LPN #15 state	ď, "A				
	CNA came to me tha	t the resident was havii	ng	ļ			
	pain. The pain's not new, she received her						
	scheduled Tylenol. I called the answering service						}
		s awaiting his phone ca		i			l
	l .	hecked on the resident,	LPN	i			
		Vhen asked if she had		i			
	passed on the information to the next shift, LPN						
		n't put it on the 24 hour					
		ually put it. I got busy a		İ			
	_	#15 then stated, that sl					
		n. to 11:00 p.m. that day					
	!	at 10:30 a.m. not p.m. I					
		d speak to (name of do		•			
		said he ordered an x-					
	!	didn't want to do anyth	. ,				
		it was usual to take tha call back from a physic				1	
		i sometimes. LPN #15's		}			
	I .	d again, LPN #15 state					
		nave to see that note."					
	<b>,</b>	tion the telephone call	I			Ï	
	disconnected.	tion the telephone can	was	į			
	4.555711155154.						
	On 5/11/16 at 8:00 a.	.m. the nurse's notes fo	or				
		ewed. It was document		1			
		n. that the "p (for p.m.)					
	crossed out" and an						
	documented.	,					
	A review of the nurse						
	documented in part,	"Late entry for 5/10/16	at				
	6:15 p (p.m.) writer s						
		c/o having left side pair					
	i	irrently taking schedule	,				
		aking (sic) tylenol for p	ain, +				
	a xray done prior sta						
	oseoarthritis (sic). No	o new orders at this tim	e. No	!			
l							

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS	FOR MEDICARE & I	MEDICAID SERVICES		<u> </u>		OMB NO	0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O			E CONSTRUCTION	(X3) DATE SURVEY COMPLETEO	
		495362		B. WING		R-0 05/12/2	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	E, ZIP CODE	<u> </u>	
ASHLAND	NURSING AND REH	abilitatio <b>n</b>	906 TH	OMPSON ST ND, VA 2300	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES ST BE PRECEDEO BY FULL RE SENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION OATE
{F 309}	Continued From pag	je 91		{F 309}			
` `	further pain voiced."			(, 655)			
	larator pant voluda,						
	An absorvation of De	sident #114 was made					
				]		j	
•		by two other surveyors.					
		ached the surveyors ar	na tola				
	them she was in pair	1.					
		sident #114 was made					
		The resident was stand					
l		oom. She was holding					
		'It hurts, they (the facilit	У				
į	staff) said they're goi	ng to call the doctor."					
1							
		nducted on 5/12/15 at 9	1				
		sed practical nurse) #5,					
		e unit that day. When a				Ì	
		resident's pain, LPN #5					
		hey're demented, some					
	them can tell you if th	ney are in pain, if they l	ook				
	uncomfortable I'll ask						
		at that time rubbing her					
		#5 stated, "It's still hurti					
		lse. I'm gonna give her					
		stated, "I look at the fac	cial				
		ask as well, if it's (the				ļ	
		hey have a pain med				1	
	(medication) and give						
	medication ordered)	I call the doctor. I go ba	ack			· ·	
	and ask them if they	are feeling any better a	ınd				
		ne pain). If they can't ra					
		ons." When asked wha					
		#114's complaint of pair					
		's rubbing it (her side) it					
	clear she's hurting."	- : ( i o i o i do )	. ~				
						-	
	An interview was cor	nducted on 5/12/16 at 1	. <sub>nn</sub>				
		hen asked how a pain				1	
	' <del>-</del> '	de, LPN #8 stated, "If ti					
		y have pain, the first thi					
	uo is watch their faci	al expressions and ask	on a			1	

		(			(		
DEPARTM CENTERS	MENT OF HEALTH ANI S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES		-	·		05/26/2016 MAPPROVED <u>0. 0938-039</u> 1
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBI			LE CONSTRUCTION	(X3) DATE SU COMPLET	RVEY
		495362		B. WNG			R-C
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA		05/1	2/2016
	NURSING AND REH	ABILITATION	l	OMPSON ST			
			ASHLA	ND, VA 230			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 309}	Continued From page	e 92		{F 309}		<del></del>	
	scale of zero to ten w	hat pain level they hav	e with	(, 000)			
]	ten being the highest. Then I give the pain						
	medication." When asked if she reassessed the					ŀ	
	resident's pain, LPN #8 stated, "I go back in 30						
	minutes to an hour and ask if it worked and what						
	was their pain level if	they still had pain. I'd t	hen				
	try something non-pharmacological, maybe						
	massage, talk with the	em, turn them if they're	!				
	immobile." When ask	ed how would she wou	ld				
	assess a resident rub	bing their abdomen, Li	PN #8				
	stated, "First I'd get th	neir vital signs (blood					
	pressure, pulse, temp	perature and respiration	ıs}				
i	cause you're messing	with the abdomen the	re. I				
ļ	would paipate the abo	domen, it could be their	•				
	appendix. I would liste	en to their bowel sound	ls, if				
]	would give them man	d in all four quadrants,					
	them."	e pain medication and t	urn				
	mem.						
	On 5/11/16 at 5:30 p.r	m ACM (administration	. "				
	member\#1 the admi	m. ASM (administrative inistrator and ASM #2,	stan				
	director of pursing we	ro made aware of the	tne				
	director of nursing were made aware of the findings.						
	<b>J</b>						
	Review of the facility's	s policy titled "Pain					
	Management" docume	ented in part. "Policy					
	Management of pain is	s individualized for each	:h				
	resident. Unrelieved p	pain has negative and	""				
	psychological consequ	uences, including the					1
		ng functional ability. Th	ا				

same pain control measures used for residents who are able to communicate should be used for residents unable to communicate their pain due to severe dementia, aphasia, or other causes. Process: Perform a pain assessment using the assessment form that is part of this protocol. Whenever possible, obtain all information from the resident. In some cases, use behavioral cues

to gather information. Evaluate possible environmental positional or other case of pain.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING		R-C 05/12/2016	
NAME OF PR	OVIDER DR SUPPLIER		STREET ADDR	ESS, CITY, STATI	E, ZIP CODE		
ASHLANE	NURSING AND REH,	ABILITATION	906 THC	HOMPSON STREET AND, VA 23005			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
(F 309)	, ,			(F 309)			
	uncomfortable position the results of a pain a	es, annoying noises, or on). Procedure: Whene assessment reveal that under control, the atter notified"	ver a				ş
	No further information was provided prior to exit.						
	2/7/14 with diagnoses limited to high blood pepilepsy, and heart for recent MDS (Minimulassessment with an AReference Date) of 4 coded as being cogn make daily decisions BIMS (Brief Interview Resident #121 was a supervision with all ALiving).  On 5/10/16 at 4:22 p. administration observed.	/5/2016. Resident #12 itively intact in the ability scoring 12 out of 15 or for Mental Status) exacted as requiring DLS (Activities of Daily	e not ness, most rterly  1 was ty to n the m.				
	nasal spray used to r cold or nasal dryness	ay 0.65% solution. (Sal relieve congestion during sinside the nasal passal was observed to instill fil for Resident #121.	ng a age.)				
	Sheet) dated 5/1/16 to following order: "Sea	#121's POS (Physician through 5/31/16 reveale Soft 0.65% SAL SPRAY INSTILL 2	ed the				

		[					<u>10. 0938-0391</u>	
	OF DEFICIENCIES F CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDE	DDRESS, CITY, STATE, ZIP CODE				
	NURSING AND REH	ABILITATION	1	OMPSON STI	· —			
				ND, VA 2300				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID T	PROVIDER'S PLAN OF	CODDECTION	NE)	
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{F 309}	Continued From page 94		{F 309}					
	SPRAYS INTO BOTH NOSTRILS FOUR TIMES DAILY."							
	surveyor and stated, shared the above obs	m., LPN #2 approache "How did I do?" When servation she stated, "0 did not realize that she	Oh					
	process of administer error she stated, "Foll medication administrative medications with (Medication Administ	# 3. When asked the ring medications to pre	check AR n					
	When asked the proc medication to preven the five rights of med	#18, the unit manager. cess of administering t error she stated, "Foll ication administration a on card with the MAR a	and					
		m., ASM #2, the DON was made aware of the	€					
	MAR. Read label on TIMES: BEFORE RE	ocuments in part, the e unit/dose of medicati the container THREE ( MOVING the drug fron ing the drug to the resid	3) 1 the					
	The following informa	ation is provided in Bas	ic					

NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  STREET ADDRESS, CITY, STATE, ZIP CODE  906 THOMPSON STREET ASHLAND, VA 23005  (A) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (FACH DEFICIENCY)  (EACH DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (EACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICIENCY)  (FACH DEFICE DEFICE DEFICIENCE DEFICE DEFICE DEFICE		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			E CONSTRUCTION	(X3) DATE SUR'		
ASHLAND NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (F 309)  Continued From page 95  Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) was used as a reference for medication administration. A medication order is required for you to administer any medication to a patient.  Once you receive and process a medication, place the physician's or health care provider's complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of			495362		B. WNG				
ASHLAND NURSING AND REHABILITATION  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (F 309)  Continued From page 95  Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) was used as a reference for medication administration. A medication order is required for you to administer any medication to a patient.  Once you receive and process a medication, place the physician's or health care provider's complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of	NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE	<del></del>		
FREFIX TAGE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY)  (EACH DEFICIENCY STORY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (F 309)  (F	ASHLANI	NURSING AND REH	ABILITATION	906 THC	HOMPSON STREET				
Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) was used as a reference for medication administration. A medication order is required for you to administer any medication to a patient. Once you receive and process a medication, place the physician's or health care provider's complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of	PREFIX	(EACH DEFICIENCY MUS	OT BE PRECEDED BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOUNDS OF THE APPROXIMATION OF THE APPROXIMATIO	CTION SHOULD BE COMPLE O THE APPROPRIATE CAT		
medications, dosages, routes, and times are legible. The nurse checks all orders for accuracy and thoroughness. When orders are transcribed, the same information needs to be checked again by the nurse. It is essential that you verify the accuracy of every medication you give to the patient with the patient's orders. To ensure safe medication administration, be aware of the six rights of medication administration.  1. The right medication 2. The right dose 3. The right patient 4. The right toute 5. The right documentation  No further information was presented prior to exit.  (1) This information was obtained from https://www.nlm.nih.gov/medlineplus/ency/article/003049.htm.  3. Resident #115 was admitted to the facility on 4/26/11 with diagnoses that included, but were not limited to: cancer, cirrhosis, hepatitis C, diabetes, hypertension, and gastroesophageal	{F 309}	Nursing, Essentials for (Potter and Perry, 20 used as a reference administration. A meryou to administer any Once you receive an place the physician's complete order on the form, the MAR. The name, room, and been names, dosages, free administration for eartranscribing orders, emedications, dosage legible. The nurse of and thoroughness. With the same information by the nurse. It is estacturacy of every metalication administration administration for medication administration for eartranscribing orders, emedications, dosage legible. The nurse of and thoroughness. With the same information by the nurse. It is estacturacy of every metalication administration administration and the right medication at the right dose 3. The right dose 3. The right forcute 5. The right docum.  No further information with the function of the right docum.  No further information with the function of the right docum.  3. Resident #115 was 4/26/11 with diagnos not limited to: cancer	or Practice, 6th edition 107, pages 349-360) was for medication dication order is required a medication or health care provider the appropriate medication or health care provider the appropriate medication MAR includes the patient of medication. When the sure the names of the medication. When the sure the names of the sure that you verify the dication you give to the entity orders. To ensure ation, be aware of the substantial that you verify the dication you give to the entity orders. To ensure ation, be aware of the substantial that you were ation, be aware of the substantial that you was administration. It is the mentation that the substantial that you was obtained from gov/medlineplus/ency/are substantial to the facilities that included, but we to the that the that	ed for at.  it. it. it. it. it. it. it. it. it.	{F 309}				

DEPARTMENT	OF HEAL	TH AND	HUMAN	SERVICES
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	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/C	LIA	(X2) MULTIPLE (	CONSTRUCTION	(X3) OATE SUF	2. 0938-0391
ANO PLAN O	F CORRECTION	IOENTIFICATION NUMBE	ER:	A. BUILOING		COMPLETEO	
		495362		B. WING		I	₹-C
NAME OF DO	OVIOER OR SUPPLIER	<u> </u>	STREET ASSE				2/2016
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AOHEMIE	S RONORRO ARD IVELL	ADICITATION		OMPSON STRE ND, VA 23005	EL [		
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{F 309}	, , ,	e 96		{F 309}			<del>                                     </del>
	reflux disease.						
	ARD (assessment re Resident # 115 was of possible 15 on the Br Status (BIMS) in Sec indicating the residen Review of the clinical order originally dated signed by the physici "CHECK BLOOD SU MD < 60 (less than 6 450)"	annual assessment with ference date) of 2/8/16 coded as scoring 15 our rief Interview for Mental tion C, Cognitive Patter at was cognitively intact I record revealed a physical 2/1/16 and most recertion on 4/1/16 document GAR AT BEDTIME CA 50) OR > 450 (greater the code of 2/8/10 code of 2/	t of a rns, sician titly ted:				
	"Focus Category: Me is at Risk for Metabol Diabetes" Under "Go signs or symptoms or Hyperglycemia" Under Interventions: Monito of hypo or hyperglyce as ordered/indicated"  Review of the MAR (I record) for May 2016 that Resident # 115's on 5/7/16 & 5/8/16 at During an interview of LPN (licensed practic 5/7/16 and 5/8/16 at 115's MAR were reviewed.	7/16 documented, understabolic, Focus: The Resident will be free flypoglycemia or er "Approaches & or for S/S (signs/symptoemia; Blood Glucose legation administration revealed no document blood sugar was chected by the signs of the signs o	sident gies: e of  oms) vels  ton tation ked  with s for				
	there were blanks the On 5/11/16 at 5:15 p.	m. an attempt was mad	de to				

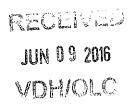
Printed: 05/26/2016 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CO RRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING		0.5	R-C /1 <b>2/2</b> 016
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE ZIR CODE		12/2016
ASHLANI	NURSING AND REH	ABILITATION	906 TH	OMPSON ST ND, VA 2300	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES OF BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
(F 309)	speak to LPN # 4, the responsible for the bl MAR. This attempt we RN (registered nurse blanks for 5/7/16 and Resident # 115's MAI stated that the nurse in there - so there is resugars were done. If pine should have writt notation on the back asked if there is anywarecord where bloods and RN # 3 revealed.  During an interview of ASM (administrative stadministrator, this confacility policies related requested.  During an interview of ASM # 3, the assistant 3 reported that she (Addocumentation that Resugars were done on p.m.  Review of the facility: Under "Policy: A Clinand review all physicial implementation."  No further information.	e nurse identified as be anks on Resident # 115 vas unsuccessful.  on 5/12/16 at 8:45 a.m. ) # 3, a unit manager, t 5/8/16 at 9:00 p.m. on R were reviewed. RN # should have put somet no proof that the blood there had been a probe ten a nurses note or may of the MAR. RN # 3 way where else in the clinical ugars might be recorded that there was not.  In 5/12/16 at 9:50 a.m. of the staff member) # 1, the incern was shared and a dot this issue were  In 5/12/16 at 10:20 a.m. of the staff member and a dot this issue were	with he sas I downwith sany with SM # 00 rs" ibe their exit.	(F 309)			

FORM CMS-2567(O2-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 98 of 153



	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C		l l	LE CONSTRUCTION	(X3) OATE SUR	
		495362		B. WING			-C
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS CITY OTA	75 70 0005	05/12	2/2016
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(F 309)	Continued From pag	e 98		{F 309}			· · · · · · · · · · · · · · · · · · ·
	directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients."			(, 335)			
	Potter and Perry's Fundamentals of Nursing, 7th edition, documents the following information on page 245: "Nursing assessment involves the collection and verification of data and the analysis of all data to establish a database about a client's perceived needs, health problems and responses to those health problems."						
	483.25(d) NO CATHE RESTORE BLADDER	HETER, PREVENT UTI, DER		F 315	1. Resident #107 Foley cathet	er	(43X/14
	assessment, the facili resident who enters the indwelling catheter is resident's clinical concatheterization was now ho is incontinent of the treatment and services.	sident's comprehensive e facility must ensure that a ters the facility without an ter is not catheterized unless the al condition demonstrates that vas necessary; and a resident nt of bladder receives appropriate ervices to prevent urinary tract prestore as much normal bladder			collection bag is off the floor.  2. Residents that reside in the with a Foley catheters have the potential to be affected.  Observations of other resident Foley catheter collection bags not reveal any that were touch the floor.  3. In-servicing will be provided.	e facility ne nts with s did ching	
	Based on observation document review, and was determined that the provide care for a Foliprevent infection for o survey sample, Resid				the nursing staff by the DCS/designee on the proper of a Foley catheter to prevent infection. Random weekly rewwill be conducted for resident Foley catheters to ensure infection practices are being implemented by no catheter collection bags touching the for three (3) months by the DCS/designee.	riews ts with ection floor.	

	OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILOING		IX3) OATE SURVEY COMPLETEO		
	j	495362		B. WNG		1	-C /2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET AOORE	PRESS, CITY, STATE, ZIP COOE				
ASHLAND	NURSING AND REH	ABILITATION	906 THO	MPSON ST	REET		•	
			ASHLAN	D, VA 2300	5		]	
24.010	CHAMADYC	FATEMENT OF OFFICIENCIES	<u> </u>		SDOL405DIG SLAVAGE AND AND AND AND AND AND AND AND AND AND		N/m	
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F 315	5 Continued From page 99			F 315				
	Resident #107 was a 11/1/10 and most rec with diagnoses included stage renal disease redisability, diabetes, gend blindness. On the (minimum data set), a assessment with ARI date) 4/19/16, Resided severely cognitively indecisions, having second as having an indecisions, having and partouching the floor.  A review of the physic part, the following order that for urinary recare q shift (each shing a shing a shift (each shing a shift (each shing a shift (each shing a	dmitted to the facility of ently readmitted on 4/1 ling, but not limited to: equiring dialysis, intelled laucoma, testicular carrie most recent MDS at 14-day Medicare D (assessment reference and #107 was coded as impaired for making dailored four out of 15 on the for Mental Status). He indwelling catheter.  Do.m. and 3:25 p.m., and Resident #107 was bed with the blanket put ch observation, the cath of the catheter tubing cian's orders revealed, der, written 5/1/16: "For (16 French - denotes settention. Foley cathet fit)."  Tenensive care plan for 2/2/16 and updated or eart, the following: "The bladder eliminationcath dered and prn (as need ewed regarding Reside le bag and tubing touch: "It needs to be picked ging need to be changed"	5/16 end ectual ectual ectual licer  ce being ly ne e was  d on ulled heter g were  in ley size of er  r n ded)."  ctical ent ning d up, ed. It		4. Results of the reviews windiscussed by the administrator/designee at the Quality Assurance Performation Improvement meeting monthree (3) months. The committee of the commend provisions plan as indicated to sustain substantial compliance.	he ince thly for mittee		
	The bag and the bag		ed. It					

DEPARTMENT OF HEALTH ANI	D HUMAN SERVICES
CENTERS FOR MEDICARE & N	MEDICAID SERVICES

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) OATE SU COMPLE	I
	495362			B. WING		<b>I</b>	R-C
NAME OF PR	OVIOER OR SUPPLIER		STREET AGORD			05/1	2/2016
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				ID, VA 2300			
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F 315				F 315			
	why these items should not be in contact with the floor, she stated: "It is infection control. These residents are already prone to infection. The bag and tubing should not be in contact with the dirty floor."		ese e bag				
	On 5/12/16 at 9:00 a. assistant) #3 was ask entered a room and catheter drainage base contact with the floor, the floor. I would go can't be on the floor, thing."  On 5/12/16 at 3:10 p. administrator, ASM #3, the assistan #4, the corporate con	g and catheter tubing ir She stated: "It can't t get the nurse because It's an infection control	if she  be on  it  g,  SM				
	A review of the facility policy entitled "C atheterization, Male and Female Urinary" revealed, in part, the following: "Tubing must be off of the floor at all times."		st be				
	No further information	was provided prior to	exit.				
	*"A soft, plastic or rubber tube that is inserted into the bladder to drain the urine." This information is taken from the website http://www.nlm.nih.gov/medlineplus/ency/article/003981.htm		tion	:			
	Williams and Wilkins Lippincott Company, Urinary Disorders, un-	page 757, titled Renal	and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING			-C 2/2016	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	TE, ZIP CODE	.l		
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F 315	Catheter and Closed subheading: "Maintain system: 2. Maintain a b. Urine should not be because free flow of a prevent urinary tract in occurs when the tubing allowing pools of uring subheading pools of uring subheading s	e 101 Drainage System" the ning a closed drainage n unobstructed urine fle allowed to collect in turine must be maintain infection. Improper draing is kinked or twisted, e to collect in the tubing floor to prevent bacterial	ow. ubing ed to inage g. c.	F 315				
	(F 323) SS=D  A83.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazar as is possible; and each resident receives adequate supervision and assistance devices the prevent accidents.  This Requirement is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide a safe environment for two of 30 residents in the survey sample, Residents #10-and #116.  1. The facility staff failed to provide supervision for Resident #104 according to his care plan. It care plan provided for 1:1 (one on one) supervision. However, on 5/11/16, Resident # was left unsupervised and wandered into other residents' rooms multiple times.  2. The facility staff failed to provide a safe environment for Resident #116 after his roommate (Resident #130) threatened to harm			{F 323}	<ol> <li>Resident #104 is no long supervision. Resident #116 resides in the facility. No a reactions were noted to re #104 or #116.</li> <li>Residents residing in the have the potential to be af failure to implement safety protocols. No residents are</li> </ol>	no longer dverse sident e facility fected by / e on 1:1	6122116	
			y it o 104 sion n. His t #104 her		supervision currently. No residents being threatened residents.  3. Facility staff will be in-se proper process for 1:1 super by DCS/designee. In-service been provided to current e by Administration on investabuse allegations. All facili reportable incidents will be by Administrator/designee months to ensure investigations completed and resident is tharm.	rviced on ervision sing has employees tigating ty e audited x 3 ation was		

DEPARTMENT	OF HEALTH	AND HUMAN	<b>SERVICES</b>
CENTERS FOR			

STATEMENT OF OFFICIENCIES ANO PLAN OF CORRECTION			(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING	<u> </u>	R- 05/12	
NAME OF PR	OVIDER ORSUPPLIER		STREET AOOF	RESS, CITY, STAT	E, ZIP CODE	·!	
ASHLAND	ASHLAND NURSING AND REHABILITATION 906 1			OMPSON STE ND, VA 2300	REET		
(X4) IO	SUMMARY S	TATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF CORRECTI	<del></del>	
PREFIX TAG	OR LSC ID	ST BE PRECEDEO BY FULL RE DENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO OEFICIENCY)	O BE	(X5) COMPLETION OATE
{F 323}	Continued From pag him.	ge 102		{F 323}			
	The findings include:				<ol><li>Results of the reviews will discussed by the</li></ol>		
	1. Resident #104 wa	as admitted to the facilit	y on		administrator/designee at th	ne l	İ
		ently readmitted on 1/16	6/16		Quality Assurance Performa	nce	
		ding, but not limited to:			Improvement meeting mont	blufor	
		, difficulty swallowing, nosis. On the most rece	n n f		three (3) months. The comm	nitton	
		set), a quarterly asses			will recommend provisions t	n the	
		ent reference date) 4/26			ordinate a provisions (	o the	
		coded as having both sl					
		nemory difficulties, and					
		itively impaired for mak					
		was coded as requiring or walking in his room a					
		ded as being unsteady!					
		out staff assistance for					 
		around and facing the		ļ			
		hile walking. He was co all with no injury during					!
		e was coded as having	пе				
		ors during the look back	;				
	period.						
	On 5/11/16 at appro	ximately 7:30 a.m., Res	ident				
	#104 was observed	walking down the hall o	of his	}			
		ervision by facility staff.					
		le of the hall and undres					
		a facility staff member to ain approximately 90 sec					1
1	COURS DOOK OUT WILL	m approximately at Se	conus.				
	1	7:50 a.m. and 7:55 a.m	•				
		observed walking down					
		ut evidence of 1:1 supe entered and exited mult					
		ents during this time, a					
		ing the activity room.	2				
	On 5/11/16 at 8:00 a	a.m., Resident #104 wa	S				
1	ì			1	F .		E .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU	(X3) DATE SURVEY	
i						COMPLE.		
		495362		B. WING		[	R-C	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE		12/2016	
ASHLAND	NURSING AND REH	ABILITATION		MPSON S				
				ID, VA 230				
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES		10	PROVIDER'S PLAN OF	CORRECTION	1 1/2	
PREFIX TAG	(EACH DEFICIENCY MUS OR LSC IDI	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO OEFICIENCE	NON SHOULD BE THE APPROPRIATE	(X5) COMPLETION OATE	
{F 323}	Continued From page	e 103		{F 323}				
	observed walking in the			\1 020}				
	unsupervised. He att	empted to enter anothe	эг					
	resident's room. The	surveyor observed						
	Resident #104 being	pushed out the doorwa	y.					
	On 544440 -4.0.07	P 11 1111						
	joined in his walk by (	n., Resident#104 was						
	assistant) #2. She sta	ated to another staff						
	member: "I'm one on	one with him today. Y	(OL)					
	are need going to nee	ed to find somebody els	se to					
	sit in the dining room	with everyone else.						
		n., Resident #104 was						
	bad been walking in the	ne unit hall. CNA#2, w	/ho					
	the resident stopped	roximately 15 feet beh at the medication cart	ind					
	speak to another staff	member. Resident#1	UN					
	continued walking uns	supervised down the ha	all					
	and attempted to ente	r the room from which	he					
	had been pushed earl	ier. He successfully						
	opened the door to the	e room and entered, cl	osing					
	the door behind him.	In approximately 90						
	#104 She discovered	an to search for Reside	∍nt					
	led him out of the room	f him in the other room n, closing the door beh	, and					
	her.	it, closing the door ben	iii Q					
	A review of Resident #	104's clinical record						
	revealed the following	nurses' notes:						
	- ''3/21/16 - 3-11 (ever	ning shift) - Resident ve	ry					
	agitated this shift, severesident but was unsu-	eral attempts on redire	cting					
		ccessful." hift) - Resisting and ref		İ				
Ì	care and difficulty with	redirecting. Resident	using					
	throws/sits on floor wit	hout injury when						
	re directing."							
	- ''4/19/16 - 3:15 p.m	- Resident status chang	ge					
	from 1:1 to q 15 min (e	every 15 minute) safety						
ľ	checks. Will monitor n	seed to either continue						
Ì	satety checks or returr	n to 1:1 or d/c (disconti	nue)					
							1 1	

STATEMENT OF OEFICIENCIES		(X1) PROVIOER/SUPPLIER/CLIA			E CONSTRUCTION		(X3) OATE SURVEY	
ANO PLAN OF CORRECTION IOENTIFICATION		IOENTIFICATION NUMBE	ER:	A. BUILOING		COMPLET		
		495362		B. WING		_	R-C 2/2016	
NAME OF PR	OVIOER OR SUPPLIER		STREET ADOR	ESS, CITY, STAT	E. ZIP CODE			
ASHLAND	NURSING AND REH	ABILITATION	906 TH	OMPSON ST	RFFT			
				ND, VA 2300	· ·== ·			
(X4) ID		TATEMENT OF OEFICIENCIES		10 1	PROVIDER'S PLAN OF	COPPECTION	(X5)	
PREFIX TAG		ST BE PRECEOEO BY FULL REDENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCEO TO OEFICIENC	TION SHOULO BE THE APPROPRIATE	COMPLETION DATE	
{F 323}	Continued From pag	ge 104		{F 323}				
	safety checks."		į	·				
		Resident was increasing		İ				
	agitated. Unable to r	edirect by 1:1Redired	cted					
	out of others rooms."							
		RP (responsible part	<b>y</b> }					
	was called. Left mes							
		hat involved [Resident	#104]					
	and another resident	•						
		n. [late entry] - Residen						
		ls disrobing and resista						
		pative upon approach w						
	Resident laid (sic) in	g into other resident's ro	oom.					
	redirected, however							
	Todirocted, nowever	compative.						
	A review of physician	n progress notes reveal	e he	}				
	note written on 4/19/			İ				
		member} #6, the medic	al					
		his note revealed, in pa						
		nt is a long-term reside						
		f [name of primary care						
	physician]. He carrie							
		nd behavior issuesI w	/as					
	asked [by the primar		i					
		paces around. He goe						
		Assessment and plan						
		ith dementia and beha	vior					
•	issuesContinue on							
	moment for fall preca	autions.					İ	
	A review of the nurse	e tech information karde						
	available to all staff for Resident #104 revealed a box checked beside the word "Other" under the							
		Beside this was written						
<u> </u>								
	A review of the comp	rehensive care plan fo	r ·					
		l 11/9/15 and most rece		,				
	updated on 4/22/16 r		-					
		for impaired or inappro						
	behaviorsas evidenced by violence to others,				18			

DEPARTMENT	OF HEALTH	AND HUMAN	<b>SERVICES</b>
CENTERS FOR	MEDICARE	& MEDICAID	SEDVICES

STATEMENT OF CEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		R- 05/12	1
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	E, ZIP COOE	00/12	72010
ASHLAND	NURSING AND REH	ABILITATION	906 THC	MPSON STE ND, VA 2300	REET		
(X4) IO PREFIX TAG	(EACH OFFICIENCY MUS	TATEMENT OF OEFICIENCIES ST BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	LO BE	(X5) COMPLETION DATE
{F 323}	noncompliance with a ineffective impulse cobehavior towards oth running in hall, ambut gets into bed with other monitoring as needed.  On 5/11/16 at 7:05 at regarding supervision receiving. She stated a one on one with hir asked why he require stated: "His biggest people's beds." She "agitates other reside knows a resident require stated she looks on the complete of the complete	care or treatment regiment on trol, wandering, aggreaters, unsafe behaviors allating without assistant oner residentsincrease d."  Im., CNA #4 was interving Resident #104 should de "Most of the time, he m, even at night." Where stated he falls easily attents." When asked how quires 1:1 supervision, since kardex.  Im., CNA #20 was group supervision Resident She stated: "He is one requires 1:1 supervision round, takes his clother esidents' rooms."  Im., LPN (licensed prace taking care of Resident shen asked what kind of did be receiving, she stated. I have never worked to the language of supervision a resident of supervision a resident of supervision a resident on precautions, she stated also be for safety." When asked why Resident on precautions, she stated also be for safety." When asked why Resident on precautions, she stated also be for safety." When asked why Resident on precautions, she stated also be for safety."	essive  de, 1:1  fewed libe has ner nd he wishe has no soff lical nt lied: "I don not soff lied on not so night #104 lied: nen dent	{F 323}			
	#104, she stated:  "T 	o monitor what a reside	ent is				]

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & N		
STATEMENT OF DEFICIENCIES	0/4) 550 4555 451	(X2) MULTIPLE CONSTRUC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CDNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING		R	-c
NAME OF BR	0.40	L.				05/12	/2016
1	OVIDER OR SUPPLIER		REET ADDRE	SS, CITY, STAT	E, ZIP CODE		
1				MPSONST D,VA 2300	•		
(X4) ID PREFIX TAG {F 323}	(EACH DEFICIENCY MUS	TATEMENT DF DEFICIENCIES T BE PRECEDED BY FULL REGULA ENTIFYING INFORMATION)	ATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
	It also could be to pretry to keep him safe for prevent an event with On 5/11/16 at 1:30 p. regarding 1:1 supervistated: "They may be fall risk. They may him want to make sure the someone, so they are above-referenced no intended by one on outher note, he stated: "needs to be observed leaves the room, he reposerved." He stated have someone watch	m., ASM #6 was interviewed sion for residents. He wandering. They may be to someone or be hit. You ey don't fall, so they don't he not hit." When shown the te and asked what he ne supervision he wrote in Close observation. He din front of your eyes. If he needs to be supervised, if the resident needed to ing him. He stated another	ed a lit	{F 323}			
	observation."  On 5/11/16 at 1:45 p. #1, the manager for Finterviewed regarding resident's safety needs to know how rare able to safely use appropriately placed. When asked who det needs regarding safe people at the morning immediate need, the right away and inform morning meeting." When asked what 1: residents, she stated be within arm's reach	m., RN (registered nurse) Resident #104's unit, was I the process for assessing Is. She stated the staff esidents are walking, if they a wheelchair, or if they are in the facility's dementia un- ermines what a resident ty, she stated: "Either the g meeting, or, if it is an staff implements something is the team at the next then asked if she attends as a unit manager, she going to them this week." I supervision means for the 1:1 staff member shoul of the resident at all times. Is communicated, she	y e iit.				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/	1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	OMB	OMB NO. 0938-0391	
AND PLAN OF CORRECTION		IDENTIFICATION NUMB	ER:	A. BUILDING	S	(X3) DATE COMP	SURVEY	
		495362		B. WING			R-C	
	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE		5/12/2016	
	ASHLAND NORSING AND REHABILITATION 906 ASH			OMPSDN ST ND, VA 2300	REET			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS OR LSC ID	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION OATE	
{F 323}	Continued From page 107			{F 323}		·/		
	stated she informs stated or, if it is an ongoing rassignment is docume assignment sheet. SI should currently have When shown the care stated: "This means tfor him period. He shone." When asked wisupervision, she state one to protect him fror different residents' roone for a long time."  On 5/11/16 at 2:55 p.n regarding her care for	aff after a morning mee need, the 1:1 staff ented on the unit he stated Resident #10 a 1:1 staff assignment plan for Resident #10 that we increase monitould always have one only the resident needed d: "We put him on one of others. He goes into oms. He has been one of others. He goes into oms. He has been one of the that work at 7:00 a riginally scheduled to coms of the unit (eight then the was assign at #104. Then she was assign at #104. Then she was assign at #104. Then she was ariginal eight residents shift. When asked whas assignment with Resional between 8:00 (a.m. the didn't have anybod could be his sitter." So we arrived until she took een 8:00 a.m. and 8:30 unsupervised.  The ASM #2, the director of the arrived until she took een 8:00 a.m. and 8:30 unsupervised.  ASM #2, the director of the arrived until she took een 8:00 a.m. and 8:30 unsupervised.  The director of the arrived until she took een 8:00 a.m. and 8:30 unsupervised.  The director of the arrived until she took een 8:00 a.m. and 8:30 unsupervised.	4 she pring pon 1:1 on on ewed y. m. are hed dent ) y he co	{F 323}				

DEPARTI CENTER:	MENT OF HEALTH AN S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				Printed: FORM	05/26/2016 MAPPROVED 0.0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SUR COMPLETI	RVEY
	AME OF PROVIDER OR SUPPLIER SHLAND NURSING AND REHABILITATION  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX TAG OR LSC IDENTIFYING INFORMATION)			B. WING			R-C 2/2016
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  (X4) IO PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FUL OR LSC IDENTIFYING INFORMATIO  {F 323}  Continued From page 108 moming meeting staff, and floor staff are		ABILITATION	906 TH	RESS, CITY, STA DMPSON ST ND, VA 2300	REET		
PREFIX	(EACH OEFICIENCY MUS	T BE PRECEOEO BY FULL RE		IO PREFIX TAG	PROVIOER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APP OEFICIENCY)	DULO BE	(X5) COMPLETION OATE
{F 323}	moming meeting staf responsible for provid and implementing ne She stated 1:1 super physician's order, and nursing intervention. for 1:1 supervision, s in sight of that reside visualize what that re asked if 1:1 staff nee of a resident, she staresident. If you don't there, then that's what when CNAs (certified placed 1:1 with reside to intervene." When safety needs for Resil was on one on one.		ed.  col o be to reach e is d e nough ut the "He	{F 323}			

On 5/11/16 at 3:10 p.m., ASM #1 was interviewed regarding his involvement in making decisions regarding 1:1 supervision for residents. He stated: "It was a while back. We had two or three people on one on one. I am not a nurse, but I told them we need to assess the need. I talked with [ASM #2]. I told them we needed to try it for a day, see how it goes. If we need it, we need it. If we don't we don't." He stated within 24 hours, it was clear that Resident #104 needed the 1:1 supervision. "The next day, within 24 hours, he had another FRI (facility reported incident). It was clear he needed it." When asked if he knew whether Resident #104 was currently care planned for 1:1 supervision, he stated: "Yes. As far as I know. For now." When asked why, he stated: "Because of his aggression. He gets into everything."

decision. He reviewed all the one on ones and

discontinued it."

DEPARTMENT	OF HEALTH AND HUMAN	SERVICES
CENTERS FOR	MEDICARE & MEDICAID	SERVICES.

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE			(X3) OATE SURVEY COMPLETEO		
		495362		B. WNG		<b>I</b>	R-C 12/2016
NAME OF PR	OVIOER OR SUPPLIER		STREET AGOR	ESS, CITY, STAT	T 710 0005	00/	12/2016
-	ONURSING AND REH	A DIT ITATION					1
ASHLARL	NORSING AND RED.	ABILITATION		OMPSON STE ND, VA 2300			
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES		ю	PROVIOER'S PLAN OF	CORRECTION	1
PREFIX TAG	On 5/11/16 at 5:50 p.m., ASM #1, ASM #2, #3, the assistant director of nursing, and AS the regional consultant, were informed of the concerns. Policies regarding behavior		GULATORY	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCEO TO OEFICIENC	TION SHOULO BE THE APPROPRIATE	;X5) COMPLETION DATE
{F 323}	On 5/11/16 at 5:50 p.m., ASM #1, ASM #2, ASM			{F 323}			
	#3, the assistant directive regional consultation concerns. Policies remanagement and restart A review of the facility Monitoring" revealed, "Residents demonstr	ctor of nursing, and AS nt, were informed of the egarding behavior sident safety were requ y policy entitled "Behav , in part, the following: ating behaviors that pla	M #4, ese ested. ior				
	residents will be mon	r interfere with care or itored and intervention:					
	initiated as an individ						
		Residents with active	,	<u>.</u>			
		the resident at risk inte					
		mise the quality of care	or				
	quality of life will be re	eviewed by the t on a regularly schedu					
		y team will review beha		1			
,		gers and/or root cause					
		zed interventions to mir					
	•	ted behaviors. Reside	,				
	plan of care will be up						
	No further information	n was requested prior t	o exit.				
		is a progressive brain					
		of-brain.jpeg> disorder	that				
		movements, emotional					
	l.	f thinking ability (cognit	ion).				
	This information is tal	ken from the website v/condition/huntington-	-J:				
	se.	w.condition/nuntington-	disea				
	2. Resident #116 was admitted to the facility on 5/3/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure,		ted to: re,				
	nursing assessment as having both short	Resident #116's admis dated 5/3/16, he was o term and long term me	oded mory				
	problems. He was co	oded as having a histor	y of	1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

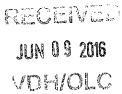
Printed: 05/26/2016 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLE	
		495362		B. WING		05/	R-C 12/2016
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STATE	E, ZIP CODE		
ASHLANI	NURSING AND REH	ABILITATION	906 TH	OMPSON STE ND, VA 2300	REET		
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN DF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
(F 323)	Continued From pag	e 110		(F 323)		<del></del>	
	depression, but was coded as not having any behaviors. He was coded as having an alteration in safety awareness due to cognitive decline.			(1 323)			
	10/10/13 and most re 11/21/14 with diagno to: chronic obstructive pilepsy, heart failure stroke. On the most set), a quarterly asseassessment reference #130 was coded as impairment for makin scored eight out of 1 interview for mental shaving exhibited no back period.	te date 3/10/16, Reside naving moderate cogniting daily decisions, having the BIMS (brief status). He was coded behaviors during the locates and times during the	mited of a data nt ive ng as				
	On the following dates and times during the survey, Residents #116 and #130 were observed in the same room: 5/10/16 at 3:15 p.m.; 5/11/16 at 7:40 a.m. and 5:15 p.m. On 5/12/16 at 8:10 a.m., Resident #116 was observed to have been moved to a different room.  A review of the clinical record for Resident #116 revealed the following nurse's note, dated 5/9/16 at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort. [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called and made aware of fall. Request b/p (blood		1/16 10 ceen 4116 /9/16 dle Hall noted ort. see sident gte is				

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 111 of 153



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) OATE SURVEY COMPLETED	
		495362		B. WNG	<del></del>	R- 05/12	
NAME OF PR	OVIOER OR SUPPLIER		STREET AOORE	SS, CITY, STAT	E, ZIP COOE	<u> </u>	
				MPSON STI D, VA 2300			
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	.O BE	(X5) COMPLETION OATE
{F 323}	Continued From page 111			{F 323}			
	placed to MD. Awaiting return call @ (at) this time."  A review of the Admission Care Plan for Resident			•			, ;
	#116 dated 5/2/16 list interventions under the	ted the following ne heading				;	
		ent Risks": Orthostatic ons (to prevent low blo	nd				
	pressure when quick!	y sitting or standing up					
	ambulation devices a						
	_	oility to ask for assistan vear for fit and non-skio					
	soles, encourage acti		`				
							İ
	orthostatic BP (blood pressure) checks.  Further review of the clinical record revealed no further evidence that the facility staff addressed Resident #130's threats to Resident #116, or assessed Resident #116 for safety needs. The record revealed no evidence that Resident #116 was protected from further threats or harm from Resident #130.						
	On 5/11/16 at 3:55 p.m., LPN (licensed practical nurse) #2 was interviewed regarding the procedure to be followed when one resident threatens another resident. She stated: "That could be considered abuse." She stated the residents are separated, and the staff should try to determine the cause of the conflict. She stated one of the residents should be assigned to another room in the facility. She stated the social worker would be informed of the incident at the next day's morning meeting of the interdisciplinary team.		nat e d try				
			social				
	regarding the proced	m., OSM (other staff al worker, was intervie ure to be followed whe other resident. She sta	n one				

DEPARTA CENTERS	MENT OF HEALTH AND S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				FORN	05/26/2016 MAPPROVED D. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		1	CONSTRUCTION	(X3) DATE SUR COMPLETE	RVEY
		495362		B. WNG		R	k-C
			<del></del>		<u>.                                    </u>	05/12	2/2016
	OVIDER OR SUPPLIER			RESS, CITY, STATE			
ASHLANI	NURSING AND REHA	ABILITATION		OMPSON STE ND, VA 23008			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	· <del></del>	ID	PROVIDER'S PLAN OF CORREC	CTION	0/5
PREFIX TAG	OR LSC IDE	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION OATE
{F 323}	Continued From page	e 112		{F 323}			<u> </u>
	the residents should b	be immediately separa	ted.	` '			
	and the safety of the i	resident who has been					
	threatened should be	ensured. She stated i	f the				
	incident happens duri	ing a weekday, she wo	uld be				
	notified immediately b	by the floor staff. She s	stated				
	if the incident happen	ed after hours, she wo	uld				1
		orning meeting. She st					
		ed of the incident, she					
		erview both residents, a	and				
	make sure a permane						
		She said she would att	empt				
		change if the incident					1
		hours on a week day.					
		ve referenced nurse's					
	regarding the threat m	nade by Resident #130	to				
	that Livillian chood a	tated: "I was not aware	70 €				
	separated."	and make sure they are					
	On 5/11/16 at 5:50 p.r	m., ASM (administrativ	е				,
	staff member) #3, the						}
		ved regarding the abov	'e				
		te. She was asked to					
		with an incident report					
	investigation regarding	g the threat Resident #	130				
		6. She stated she did		1			
		mentation regarding th					
		she was aware the nur		1			
į		n the incident occurred					
	Resident #116 at the	its immediately, and ke	pı				
		norse's station unt() one to sleep. She state	\d	į			
		went to sleep, the facili		-			
		went to sleep, the lacin nt #116 back into his be					
	the same room as Re		zu (III				
	On 5/11/16 at 6:10 p.r						
		above referenced incid					
		nitially focused on Resi					
	#116's fall and on asse	essing him for any inju	ries.				

	OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		1 · ·	CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		R-05/12/	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADOR	ESS, CITY, STATE	ZIP COOF	1	
	NURSING AND REH	ARII ITATION		MPSON STR			
AGTILANE		ABILITATION		ID, VA 23005			
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO OEFICIENCY)	LO BE	(X5) COMPLETION DATE
{F 323}	Continued From pag	e 113	·	{F 323}		İ	
{F 323}	She stated her asses injuries for Resident and the stated seems and took station for the duration Resident #116 back stated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she told the situated she stated and there were no other in recorded any of this record, she stated: "When asked notify the social worknot." When asked notify the social worknot." She stated she what happened when ext morning.  On 5/12/16 at 8:25, I was interviewed registed was notified of a resident. She stated separated for safety the director of nursind document any of her would write a nurse and about any action doctor and the RP (I be notified. When a incident between Restated: "I didn't hea	sment revealed no app #116. She stated Resignation of the shift. She stated in the nurse's on of the shift. She stated to sleep, and she assist to his bed at that time. Upervisor about this, are make sure the resident monitored to make sure information in the clinic information	dent his make sit it in a ded ted She deted She deted She did should o did ger of the do if nother be dened the dened the dened the dened the life also cout an she l. I	{F 323}			
	we need to get them information was sha any point, she stated	ere arguing. I told the read in moved." When asked in the morning med it is to be a few and the chart the day following the	l if this eting at				

DEPARTMENT	OF HEALTH AND H	UMAN SERVICES
CENTERS FOR	MEDICARE & MED	ICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER  (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBI	OLIA ER:	II	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING		R-C 05/1 <b>2/2</b> 016	
NAME OF PR	DVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	TE, ZIP CODE		
ASHLANI	NURSING AND REH	iabilitatio <b>n</b>	906 THC	MPSON ST	REET		
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIENCY MUS OR LSC ID		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE CO	(X5) MPLETION DATE	
{F 323}	incident] (5/10/16)." absolutely should hat She stated she could had shared or what he morning meeting on  On 5/12/16 at 8:40 at supervisor on 5/9/16 the process to be foll threatened by a room an actual threat, I wormy boss. I would ge anyone who saw or have stated: "An actual threat stated: "An actual	She stated: "There we been an investigation in the recall exactly what and been discussed at 15/10/16.  Im., LPN #10, the even was interviewed regard owed when a resident mate. She stated: "If build separate them and the witness statements from the ard anything, whether is." When asked how since was an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an "actual" one, show as an actual of the above of the place. "Show as and risk for falls. Show and risk for falls.	is she the ing iding was it was notify om r it he e nt lly hurt and ight to mber about he at with ift to kept ht." t cident oved sked if cident our n	{F 323}			

STATEMENT	FOF OFFICIENCIES	(X1) PROVIOER/SUPPLIER/0	2/10	(X2) MULTI	PLE CONSTRUCTION	OMB NO. 0938-0391			
	OF CORRECTION	IOENTIFICATION NUMBER	ER:		G	(X3) OATE SURVEY			
i				, DOILONY	<u> </u>	COMPLE	TED		
		495362		B. WING	•		R-C		
NAME OF B	00.40					05/12/2016			
1	ROVIDER OR SUPPLIER		STREET AOC	DRESS, CITY, ST	ATE, ZIP COOE	<del></del>			
ASHLAN	D <b>N</b> UR <b>SING AN</b> D REH.	ABILITATION	906 TH	906 THOMPSON STREET					
-				AND, VA 230					
(X4) IO	SUMMARY ST	FATEMENT OF OEFICIENCIES		<del></del>					
PREFIX	(EACH DEFICIENCY MUS	T BE PRECEOEO BY FULL RE	GULATORY	IO PREFIX	PROVIOER'S PLAN OF CORRECTION	NC	(X5)		
TAG	OR LSC IO	ENTIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPROI	O BE	COMPLETION DATE		
					OEFICIENCY)	RIALE	1		
{F 323}	Continued From page	e 115		{F 323}					
-	really happened, I wo			{1-323}					
	Tanj napponed, 1 Wo	old Have.							
	On 5/11/16 at 5:50 p.r	n., ASM #1, ASM #2, A							
	#3 the applicant direct	11., ASIVI #1, ASIVI #2, A	ASIVI						
	the regional consulta-	tor of nursing, and ASI	VI #4,						
	concerns Delicies	nt, were informed of the	se						
	concerns. Policies reg	garding resident		l.					
	safety/protection from	abuse were requested	l.						
	A review of the facility	policy entitled "Reside	nt						
	Abuse" revealed, in pa	art, the following: "An							
	abusive act is any act	or omission, which ma	y						
	cause or causes actua	al physical, psychologic	al or						
	emotional harm or inju	ry to a residentAny a	ction						
	that may cause or cau	ses actual physical,					1		
	psychological or emoti	ional harm, which is no	t				1		
l	caused by simple negl	ligence, constitutes	i						
	abuseAll reported ev	ents (bruises, skin tear	rs l				[		
	falls, inappropriate or a	abusive behaviors) will	he l						
İ	investigated by the Dir	ector of Clinical							
	ServicesAny employ	ee who witnesses or w	ho						
	has knowledge of an a	ot of shuse or an alleg	ation						
	of abuse to a resident	is obligated to report o	alion						
1	information immediate	ly to their ouns since "	JCD						
	omation impediate	ly to their supervisor.	-						
]	No further information	was provided prior to e	vit						
			1				املالحداما		
F 320	483.25(k) TREATMEN	I/CARE FOR SPECIA	L	F 328	1 Daniel Lucope		MISSIM		
SS=D	NEEDS				1.Resident #109 is having oxy	gen	1 ' [		
1	771 5 111.				therapy administered by qual	ifiad			
ľ	The facility must ensure	e that residents receive	•			inca			
1	proper treatment and c	are for the following			personnei.				
	special services:				2.Residents that reside in the	facility			
	Injections;								
	Parenteral and enteral				with oxygen have the potentia	al to be	1		
	Colostomy, ureteroston	ny, or ileostomy care;	ļ		affected. DCS/designee will				
	Tracheostomy care;			ļ	complete an audit of resident				
	Tracheal suctioning;		1			s with			
	Respiratory care;				orders for oxygen to ensure				
	Foot care; and			ı	administration is provided by				
	Prostheses.			İ					
					licensed personnel.		j		
			1						

STATEMENT OF OEFICIENCIES ANO PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLI IOENTIFICATION NUMBER			1, ,	CONSTRUCTION	(X3) DATE SURV COMPLETED	0	
		495362		B. WING		05/12/2016	
	OVIDER OR SUPPLIER  O NURSING AND REH	IABILITATION	906 THC	ESS, CITY, STATE MPSON STR ND, VA 23005	EET		
(X4) ID PREFIX TAG	(EACH OEFICIENCY MUS	STATEMENT OF DEFICIENCIES ST BE PRECEOEO BY FULL RE DENTIFYING INFORMATION)	S EGULATORY	ID PREFIX TAG	PROVIOER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCEO TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 328	Continued From pag	ge 116		F 328			
	This Requirement is Based on observation document review and determined that facing administer oxygen for survey sample; Resu	s not met as evidenced on, staff interview, facili d clinical record review lity staff failed to safely or one of 30 residents i ident #109.  Safely administer DXXX or his CNA turned on the rat a rate of 2 LPM (Little on the content of the conten	ty ty tit was tit was n the gen to gen to gen to ters  on vere not tr, tl, (1) sease- to DS ssment e) of ing coring 7 Mental as fers, d d titing. ity was de was Resident hula that but. The		3.DCS/designee will in-servinursing staff on safe admin of oxygen. Random audits completed weekly x 3 mon DCS/designee to ensure ox therapy is being provided a by qualified personnel.  4. Results of the reviews we discussed by the administrator/designee at Quality Assurance Perform Improvement meeting mothree (3) months. The conwill recommend provisions	istration will be ths by ygen as ordered ill be the tance nthly for	

Printed: 05/26/2016 FORM APPROVED

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/	CLIA	(X2) MULTIP	LE CONSTRUCTION		<u>NO. 0938-0391</u>	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMB	ER:		<del></del>		(X3) OATE SURVEY COMPLETEO	
		495362		B. WING			R-C	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET AOD	ODRESS, CITY, STATE, ZIP CODE				
1	D NURSING AND REH	ABILITATION	1	RESS, CHY, STA DMPSON ST				
				ND, VA 2300				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	F 00000		
PREFIX TAG	OR LSC ID	IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULO BE THE APPROPRIATE	(X5) COMPLETION OATE	
F 328				F 328			1	
	nursing assistant), wa	as asked where Reside	nt					
	it is not even on " CN	ooked up to she stated IA #18 then flipped on t	, "Oh,					
	oxygen concentrator s	switch that automatical	ne Ivset					
	the 02 rate to 2 LPM (	(liters per minute), CNA	\#18					
	stated that his oxygen	n is always supposed to	be .					
	On. CNA #18 was not	t certain how long his						
	oxygen was on.							
	Review of Resident #	109's most recent POS	-					
	(Physician Order Shee	et) dated 5/1/16						
	21 (liters)/min (minute)	ving order, "02 (oxygen	) at	1				
on. CNA #18 was not certain how long his oxygen was off.  Review of Resident #109's most recent POS (Physician Order Sheet) dated 5/1/16 documented the following order, "02 (oxygen) at 2L. (liters)/min (minute) via nasal cannula continuous for shortness of breath." This order was initiated on 8/26/15.  Review of Resident #109's care plan revised 3/3/16 documented the following intervention under care area "Respiratory," "Oxygen as		ler				ļ		
	was initiated on 8/26/1	15.						
!	David CB As a sur							
	3/3/16 documented the	109's care plan revised					1	
	under care area "Resn	e ioliowing intervention biratory " "Oxygen as						
	ordered (specify route,	, device, and liter flow)	2				İ	
	LPM via NC (nasal car	nnula) continuously." ^						
	On 5/11/16 at 1:40 p.m	an intendeus uses						
i	conducted with CNA #	18. When asked the						
	process if a resident's	oxygen concentrator is	not					
	on, CNA #18 stated, "C	Cut it on immediately ar	nd					
	tell the nurse. Oxygen asked if she is allowed	to me is important." W	hen					
	she stated, "No." Whe	n asked if she is allower	ons					
	administer oxygen she	stated, "Was I not	, u to					
	supposed to turn it on?	yu			=			
	On 5/11/16 at 1:51 p.m	an interviou was						
	conducted with LPN (Li	icensed Practical Nurse	e)					
	#3. When asked who v	was responsible for						
	en suring oxygen is in p	lace and functioning fo	ra					
į,	resident who utilizes 02	2, she stated, "The nurs	ses."					
	When asked who was a oxygen she stated, "The	allowed to administer						
	considered a medicatio	n. We don't know if CN	IA's			ı		
			=					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		1	E CONSTRUCTION		(X3) DATE SURVEY	
				A. Building		COMPLETED		
		495362		B. WNG		R- 05/12/		
NAME OF PR	OVIDER OR SUPPLIER	<u> </u>	STREET ADDR	RESS, CITY, STAT	F ZIR CODE	05/12/	2016	
ASHLAND	NURSING AND REH	ABILITATION	1	OMPSON ST				
				ND, VA 2300				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>	ID	PROVIDER'S PLAN OF CORRECT	ION I		
PREFIX TAG	OR LSC ID	ST BE PRECEDED BY FULL RE DENTIFYING INFORMATION)	EGULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD RE	(X5) COMPLETION OATE	
F 328	, 3	<del>-</del> '		F 328			<del></del> -	
	know the proper liter:	s a resident has to be o	on."				,	
	On 5/11/16 at 2:00 s	.m., an interview was						
	conducted with CNA	#19. When asked the						
		s a resident's oxygen						
	concentrator not on s	she stated, "Tell my cha	arge					
	nurse and inform the	m 02 is not on. I don't t	ouch					
	Oxygen is considered	nd my scope of practice	·.					
	Oxygen is considered	d a medication.				İ		
	Facility policy titled, "	'Oxygen Therapy," did	not					
	address the above co	oncern,						
	On 5/12/16 at 2:54 n	.m., ASM (Administrati	10			İ		
		e DON (Director of Nur						
	was made aware of t	the above findings,	311197					
	A							
	Potter 6th edition in	nentals of Nursing, Pen age 1122, Oxygen sho	ry and					
	treated as a drug. It	has dangerous side efi	fects					
	such as atelectasis o	or oxygen toxicity. As w	vith					
	any drug, the dosage	or concentration of ox	ygen					
	should be continuous	sly monitored. The nur	se					
	verify that the client i	ck the physician's order s receiving the prescrib	'S ID					
	oxygen concentration	n. The six rights of	Jeu					
	medication administr	ation also pertain to ox	ygen	,				
	administration."							
	No further informatio	n was presented prior t	o exit.					
	(1)							
	http://www.nhlbj.nih.g s/copd/	gov/health/health-topics	s/topic			:		
F 441		CONTROL, PREVENT		F 441	1. Resident #124 no longer	has loose	, , 1.	
SS=E	SPREAD, LINENS				stools. No adverse affects v	Nere	le laally	
	The facility must sets	ablish and maintain an			noted to resident #126, #1		,	
	Infection Control Pro-	gram designed to provi	de a		#129 or #107 due to poor i	nfection		
	safe, sanitary and co	mfortable environment	and		control practices.			
L	<u> </u>				•			

	OF OEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		1, ,	E CONSTRUCTION	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING	<del>-</del>	R- 05/12	- I
NAME OF PR	OVIOER OR SUPPLIER	L	STREET ADORE	SS CITY STAT	(F ZIP COOF	00/ 12/	2010
	NURSING AND REH	ARII ITATION		MPSON ST	-,		
, (6112) (112	, HOROMO / MED INC.	, (B) El la tallo II	1	D, VA 2300			l
0/1/10	SUMMADV S	TATELACINE OF OCCIONOMO	L	<del></del>			
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES ST BE PRECEOEO BY FULL RE JENTIFYING INFORMATION)		IO PREFIX TAG	PROVICER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCEO TO THE APPRO CEFICIENCY)	OBE	(X5) COMPLETION DATE
F 441	Continued From page 119			F 441	-		
	to help prevent the development and						
	transmission of disease and infection.  (a) Infection Control Program  The facility must establish an Infection Control  Program under which it -  (1) Investigates, controls, and prevents infections				2. Residents in the facility hav	ve the	
					potential to be affected by po	oor	
					infection control practices. S	taff	
				1	observations have been cond	lucted	
	in the facility;				after providing care and		
		cedures, such as isola			handwashing is being perfor	med	
		plied to an individual resident; and a record of incidents and corrective			properly as well as disposal c	of	
	actions related to infe				gloves, wheelchair cushions l	nave	
	(b) Preventing Spread of Infection				been audited and none were	found	
	(1) When the Infection				to be soiled. No Foley cathe	ter	
		sident needs isolation to	_		tubing was noted to be toucl	ning the	
	prevent the spread o isolate the resident.	f infection, the facility n	nust		floor.		•
	(2) The facility must p	prohibit employees with			3. Nursing staff and CNAs wi	l be in-	
		se or infected skin lesion with residents or their fo			serviced on preventing the spread of		
	direct contact will tra		04, 11		infection and isolation preca	utions	
		require staff to wash th ect resident contact for			by DCS/designee to ensure		
	hand washing is indi		WITHOIT		handwashing is done after e		
	professional practice	ı.			resident contact and proper		
	(c) Linens				of gloves, wheelchair cushion		
	1 ' '	dle, store, process and			be monitored weekly x 3 mo		
	transport linens so as	s to prevent the spread	l of		ensure no cushions are satu	rated	
	infection.		İ		with urine, residents with fo		
					catheters will be observed w	eekly x	
	This Requirement is	not met as ovidenced	bv		3 months to ensure the cath	eter	
		s not met as evidenced in, staff interview, facili			collection bag is off of the fl	oor.	
	document review, cli	nical record review and	-				
		nt investigation, it was					
	1	facility staff failed to pro a manner to prevent	ovide				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495362		B. WING		R-C 05/12/2	
NAME OF PR	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	00.12.2	
ASHLAN	NURSING AND REH	ABILITATION		OMPSON ST			
			ASHLA	ND, VA 2300	05		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE '	(X5) COMPLETION DATE
F 441	=			F 441			
		0 residents in the surve 24, Resident #126, Res , Resident #128 and			4. Results of the reviews will discussed by the		
	1. The facility staff failed to place Resident #124 in contact isolation when she was demonstrating signs and symptoms of having C. Diff (clostridium difficile).				administrator/designee at the Quality Assurance Performa	nce	
					Improvement meeting mont three (3) months. The comm	nittee	
		facility staff failed to wa			will recommend provisions t	o the	
		riding personal care to t and before serving the	:he		plan as indicated to sustain		
	resident lunch.	and belove belying the			substantial compliance.		
	3. For Resident #127 their hands after prov	facility staff failed to waiding personal care.	ash				
	4. For Resident #129 dispose of a wheelch urine in a sanitary ma	air cushion saturated ir	n				
		to dispose three boxes aminated by Resident					
		iled to keep Resident # and tubing off the floor on on 5/11/16.		:			
	The findings include:						
,	4/26/16 with diagnose limited to, end-stage l	s admitted to the facility es that included but we kidney disease, high bl nd chronic c-dif (clostrid	re not ood				
		S, an admission ARD of 5/3/16 coded th 15 on the BIMS indicati					

DEPARTMENT OF HEALTH AND HUMAN :	SERVICES
CENTERS FOR MEDICARE & MEDICAID:	SERVICES

Printed: 05/26/2016 FORM APPROVED

				1		UMB N	<u>O. 0938-0391</u>
_	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O		1	E CONSTRUCTION	(X3) OATE SU	JRVEY
, ,,o, LANO	, JOHNE OHON	IOENTIFICATION NUMBE	Er.	A. BUILDING		COMPLE	
		495362		B. WING			R-C
			·			05/ <sup>-</sup>	12/2016
	OVIOER OR SUPPLIER		l	RESS, CITY, STAT			
ASHLANI	NURSING AND REH	ABILHATION		OMPSON ST			
		<del></del>	ASHLA	ND, VA 2300	05		
(X4) IO		TATEMENT OF OFFICIENCIES		10	PROVIOER'S PLAN		(X5)
PREFIX TAG		ST BE PRECEOEO BY FULL RE DENTIFYING INFORMATION)	GULATURY	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCEO T	CTION SHOULO BE	COMPLETION DATE
				,,,,	OEFICIE		
F 441	Continued From pag	ie 121		F 441			<del></del>
		nitively intact to make o	dailv	,			
		ent was coded as requir					
		for all activities of daily					
	living. The resident w						1
		t of stool. In section "I -					
	Active diagnoses" the	e resident was coded a	s				
	having "ENTEROCO CLOSTRIDIUM DIFF						
		TOILE.					
	An observation was r	made of Resident #124	nn l				
	l .	Resident #124 was sitti					
		to her bed. The residen					
	roommate was in a w	vheelchair at the foot of	her				
	bed.						
	A						
	l .	made of Resident #124	I				
		Resident #124 was lyin she was wearing a brie					
		I. The resident's roomm					
		at the foot of the bed. A					
	member was coming						
	•						
		124's care plan dated					
	I .	in part, "6. Infection Ale	1				
		Monitor for S/S (signs a					
	ordered, Isolation: D/	loose stools. Meds a:	5				
	ordered, isolation. Dr	o (discontinued).					,
	Review of the physici	ian's orders dated, 4/28	3/16				,
	documented, "D/C (d						
	precautions."	•					
		#124's nurses' notes da					
		n part, "Incontinent of b ew order) from MD anu					
	,	ew order) หอก เพษ ลกบ via rectum daily X (time					
		area after each loose s					
	PRN (as needed) for						
	,						
	Review of the physici	ian's orders on 5/5/16					
	<u> </u>						

FORM CMS-2567(02-99) Previous Versions Obsolete

J2WF12

If continuation sheet Page 122 of 153



	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE		' '	CONSTRUCTION	(X3) OATE SUI COMPLET	EO
		495362		B. WING			R-C 2/2016
	ROVIOER OR SUPPLIER  DINURSING AND REH	ABILITATION	906 TH	RESS, CITY, STATE, OMPSON STRE .ND, VA 23005			
(X4) IO PREFIX TAG	(EACH OFFICIENCY MUS	TATEMENT OF OEFICIENCIES BY BE PRECEOEO BY FULL RE JENTIFYING INFORMATION)		IO PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULO BE THE APPROPRIATE	(X5) COMPLETION OATE
F 441	documented, "Anusor 10 days Tucks to red stool."  Review of Resident and 5/6/16 and timed "11 a.m.)Resident remai (antibiotic)/c-diff condocumentation did no physician had been a Review of the nurse timed "7-3 (7:00 a.m." Resident had loose noted when renderind documentation did no physician had been a Review of Resident documented, "Anusor 10 day (sic)." It was received the suppost 5/8/16, 5/10/16 and documented, "Tucks loose stool as needed documentation that with the Tucks.  Review of the physical documented, "C diffical Review of the unit's part: 5/6/16, "(Name of recartions X1 loose stools and from patterns and	If Supp 1 via rectum da stal area after each loos at a larea after each loos at a larea after each loos at a larea after each loos at a larea after each loos of the loose stool of evidence that the notified.  In to 3:00 p.m.)" docume stools X1 this shift. Noting incontinence care." Into the evidence that the notified of the loose stools X1 this shift. Noting incontinence care." Into the evidence that the notified of the loose stools X1 this shift. Noting incontinence care." Into the evidence that the notified of the loose stools X1 this shift. Noting incontinence care." Into the evidence that the resistory on 5/6/16, 5/7/16, 5/11/16. Further reviews to rectal area after each PRN." There was not the resident had been the cian's orders on 5/6/16 at stool X 1."	ated T "The  Indicated of the object of the	F 441			

DEPARTMENT OF HEALTH AND HUMA	N SERVICES
CENTERS FOR MEDICARE & MEDICA	ID SERVICES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN O	CORRECTION	IDENTIFICATION NUMBE	R:	A. BUILDING	·	COMPLI		
		495362		B. WING	B. WING		R-C 12/2016	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	E ZIP CODE	00/	12/2016	
ASHLAND	NURSING AND REH	ABILITATION	906 TH	OMPSON ST ND, VA 2300	REET			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	<u> </u>	ID				
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULO BE E APPROPRIATE	(X5] COMPLETION DATE	
F 441	Continued From page 123			F 441			-	
	5/8/16, "(Name of resident #124). 11-7 Loose		e		•			
	Stools."							
		sident #124), 11-7. Res		,				
		cautions, 1 reported loo						
		stools daily. Please F/						
		ith a line over it meani					İ	
		t, she ambulates with I	oose					
	foul stool."	· · · · · · · · · · · · · · · · · · ·	_					
	5/10/16, "(Name of resident #124)., 11-7. D/T (due to) No F/U on stool sample called Lab (laboratory) No record received. Loose stools daily (with) foul odor. "?contact precaution?"							
							:	
		ate room with loose/fou						
	· ·	r C-diff. F/U (with) MD	!					
		contact precaution ord	er."					
		esident #124). F/U (with						
	RE: CONTACT PREC		,					
	Review of the resider	nt's record did not evide	ence					
	documentation that the	ne physician had been						
		se stools or to follow up	o on					
	the need for contact p	orecautions.						
		t124's nurses' notes da	ted					
	5/10/16 and timed 7:0	•						
		'Incontinent of bowel ar						
		11:00 p.m. nurse's no	te					
	documented in part, "							
		0 with a line through it						
	private room (with) ro	precautions present/ in	semi					
	documentation did no							
	physician had been n							
			,					
		ducted on 5/12/16 with						
		tor. When asked what i	f					
	anything would he do							
		ntinued to have loose s						
		ey're still having loose s						
	urey should call the d	octor. I would keep the						
			1				1	

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CENTERS FOR MEDICARE & MEDICAID	SERVICES

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/( IDENTIFICATION NUMBE			CONSTRUCTION	(X3) DATE SU COMPLE	
							R-C
		495362		B. WING	<del></del>		12/2016
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STATE	, ZIP CODE		
ASHLAND	NURSING AND REH	ABILITATION	l.	OMPSON STR			
			ľ	ND, VA 23005			
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	<u> </u>	<del></del>			- <del>,</del> -
PREFIX TAG	(EACH DEFICIENCY MUS	ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A: CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 441	Continued From pag	je 124		F 441			<del>- </del>
	resident in isolation if	f still having lopse stool	s				
	because the C-diff is			:			
			:				
		iducted with CNA (certi					
		#11, the aide caring for					
		n asked what process s had loose stools CNA					
	stated, "Notify the nurse." When asked if the resident had had any loose stools that day, CNA #11 stated, "She hasn't had any." When asked what infection control process staff used when a						
				ļ			
		DNA#11 stated, "You h					
		h soap and water." Wh					
	(	ized her hands for Resi					
	#124 she stated that	she used soap and wa	iter.				
	An interview was con	nducted with ASM #3, ti	he.				
		nursing. When asked a					
		r Resident #124, ASM :					
		nestly, I don't recall bei					
		n." When asked if she					
		the resident continuing					
		SM #2 stated, "Absolute	ely,				
	we would call the do	ctor and get a (stooi)					
	ъресинен,						
	l An interview was cor	nducted on 5/12/16 at 8	:40				
		e unit manager. When					
	hour report was revie	ewed, LPN #9 stated, "I	might				
		esterday morning, I was		į į			
		edication cart)." When a	asked				
		ould follow knowing the					
		4 hour report, LPN #9 s whole situation, the loos					
		wrole situation, the loos id anyone contact the N					
		hen asked what proces					
		esident with C-diff, LPN					
ĺ	1	hen patient has C-diff t					
i		oom, they have their ow					
	(for trash), staff gowi	n and glove up." When	asked				

NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION  (X4) 10 PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 125 what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  A 996 THOMPSON STREET ASHLAND, VA 23005  F 441  PREFIX TAG  R-C 05/12/2016  PROVIDER'S PLAN OF CORRECTION PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 441  Continued From page 125 what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  On 5/12/16 at 3:20 p.m. ASM #1, the administrator and ASM #2, the director of nursing		OF OEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/O			E CONSTRUCTION	(X3) OATE SU COMPLET	
ASHLAND NURSING AND REHABILITATION  (X4) 10 PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 441  Continued From page 125 what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  STREET AOORESS, CITY, STATE, ZIP CODE  906 THOMPSON STREET  ASHLAND, VA 23005  10 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF INTERPRETATION SHOULD BE CROSS-REFERENCED TO THE AP			495362		B. Wing			_
ASHLAND, VA 23005  (X4) IO PREFIX TAG  (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  F 441  Continued From page 125 what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  On 5/12/16 at 3:20 p.m. ASM #1, the	NAME OF PR	OVIOER OR SUPPLIER		STREET AOORE	SS, CITY, STAT	TE, ZIP COOE		
PREFIX TAG  (EACH OEFICIENCY MUST BE PRECEOED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  F 441  Continued From page 125  what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  On 5/12/16 at 3:20 p.m. ASM #1, the	ASHLAND	NURSING AND REH	ABILITATION	1		· · · · · ·		
what the reason for the resident to have their own room, LPN #9 stated, "It's (C-diff) highly contagious."  On 5/12/16 at 3:20 p.m. ASM #1, the	PREFIX TAG	(EACH OEFICIENCY MUS	T BE PRECEOEO BY FULL RE	GULATORY	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCEO TO THE	N SHOULO BE EAPPROPRIATE	COMPLETION
were made aware of the findings.  No further information was provided prior to exit.  In Basic Nursing, Essential for Practice, 6th edition (Potter and Perry, 2007, pages 56-59), was a reference source for physician's orders and notification. Failure to monitor the patient's condition appropriately and communicate that information to the physician or health care provider are causes of negligent acts. The best way to avoid being liable for negligence is to follow standards of care, to give competent health care, and to communicate with other health care providers. The physician or health care provider is responsible for directing the medical treatment of a patient.  2. Resident #126 was admitted to the facility on 9/29/16 and was readmitted to the facility on 9/29/16 and was readmitted to the facility and depression.  The most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 4/13/16 coded the resident as 13 out of 15 on the BIMS (prief interview of mental status) indicating the resident was cognitively intact to make daily decisions. The resident was coded as requiring set up assistance for activities of daily living.  An observation was made on 5/10/16 at 12:30	F 441	what the reason for the room, LPN #9 stated, contagious."  On 5/12/16 at 3:20 p. administrator and AS were made aware of No further information. In Basic Nursing, Essedition (Potter and Pewas a reference sour notification. Failure to condition appropriate information to the phyprovider are causes of way to avoid being lia follow standards of cacre, and to commun providers. The physic is responsible for direct of a patient.  2. Resident #126 was 9/29/15 and was read diagnoses that includ seizures, muscle were depression.  The most recent MDS quarterly assessment reference date) of 4/1 13 out of 15 on the B mental status) indicat cognitively intact to meresident was coded a assistance for activities.	m. ASM #1, the M #2, the director of nuthe findings.  In was provided prior to the findings.  In was provided prior to sential for Practice, 6th erry, 2007, pages 56-59 are for physician's order or monitor the patient's ly and communicate the prior of negligent acts. The trade of negligent acts. The trade of negligent acts. The trade of negligent acts are, to give competent laicate with other health cian or health care provecting the medical treations admitted to the facility dimitted on 3/20/16 with ed but were not limited akness, heart failure and the facility of th	exit.  9), rs and at best care rider ment  / on I to: d  a ment nt as	F 441			

DEPARTMENT OF	<b>HEALTH AND</b>	HUMAN	SERVICES
CENTERS FOR MI	EDICARE & M	EDICAID.	SERVICES

STATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA NO PLAN OF CORRECTION (DENTIFICATION NUMBER:			ı	CONSTRUCTION	(X3) OATE SU	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		i	R-C 12/2016
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	E. ZIP COOF		
ASHLAND	NURSING AND REH	ABILITATION	906 THC	OMPSON STE	REET		
			<u> </u>	12/1/1 2000	<u> </u>		
(X4) IO PREFIX TAG	(EACH OEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)		IO PREFIX TAG	PROVIOER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCEO TI OEFICIE	CTION SHOULO BE O THE APPROPRIATE	(X5) COMPLETION OATE
F 441	Continued From pag	e 126	_	F 441			<del>`</del>
F 441	p.m. of CNA (certified CNA come around the to the window holding hands. CNA #14 stoo gloves and, without wanother pair of gloves took it out of the room room, removed her glunch tray for Resider over bed table. CNA: before giving the resi An interview was con a.m. with LPN (licens When asked what inf followed when provid #1 stated, "Wash har after contact with pati An interview was con p.m. with CNA #12. V staff followed when p	I nursing assistant) #12 e curtain of the resident plastic bag in her glow of at the sink, removed washing her hands, put is, tied up the plastic ban. CNA #14 returned to loves and picked up the hit #126 and put it on he if #14 did not wash her hid dent her lunch tray.  I ducted on 5/11/16 at 1 leed practical nurse) #1. leed practical nurse) #1. leed practical nurse ing care to a resident, had between patients a lients."	It next  /ed her on g and It the e er lands  1:40  staff LPN nd  :48 is CNA	F 441			
,	#12 stated, "You put on gloves when helping (the resident), take gloves off and wash your hands.  Of course you don't go from resident to resident with the same gloves." When asked if staff should wash their hands after touching the residents, CNA #12 stated, "Oh, yes. I always wash my hands."						
	An interview was conducted on 5/11/16 at 2:12 p.m. with CNA #13. The observation was of 5/10/16 at 12:30 p.m. was described to CNA #13. CNA #13 stated, "First and foremost she should have taken her gloves off before going into the hallway and she should have washed her hands before handling the tray for the other resident."  An interview was conducted on 5/11/16 at 3:42 p.m. with ASM (administrative staff member) #2,						

	TATEMENT OF OEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA NO PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) OATE SURVEY COMPLETEO			
		495362		B. WING		R- 05/12	-	
NAME OF PR	OVIDER OR SUPPLIER		STREET AOORE	SS, CITY, STATE,	ZIP COOE			
	NURSING AND REH	IABII ITATION	906 THO	THOMPSON STREET				
			ASHLAN	D, VA 23005				
		STATEMENT OF OFFICIENCIES	<u> </u>	<del> </del>	PROVIOER'S PLAN OF CORRECTI	ON	(X5)	
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IO PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO OEFICIENCY)	O BE	COMPLETION DATE	
F 441	Continued From pag	ne 127		F 441				
1	the director of nursing. ASM #1, the administrator		strator			l	İ	
	was also present. When asked what infection			ļ		ļ		
		followed when providir		İ				
! ]	care to a resident. A	SM #2 stated, "Staff sh	iould					
ļ	wear gloves anytime	touch body fluids, wea	ar					
	aloves during incont	inent care. The need to	wash					
Ì	their hands before a	nd after care between					ĺ	
}		rvation of 5/11/16 at 12	:30				1	
	p.m. was described	to ASM #2. ASM #2 sta	ated,					
	"She should have w	ashed her hands as so	on as	1				
	she emptied that trash and took her gloves off.		off.				! !	
	She should have wa	ashed her hands."						
	No further information	er information was provided prior to exit.						
	In Fundamentals of	Nursing, Lippincott Wil	liams					
		40-143, concerning ha						
		e of hand sanitizer: "T						
	hands are conduits	for almost every transf	er of					
	potential pathogens	s from one patient to an	otner,					
	from a contaminate	d object to the patient,	no ic					
	a starr member to ti	he patient. Hand hygie oortant procedure in pre	ventina					
	the single most imp	hands are washed with	n soan					
	hefore coming on d	luty; before and after di	rect or	!			]	
]		tact;before preparing						
1		cationsalways wash					İ	
	hands with soan af	ter removing glovesw	, hen					
	using hand sanitize	er, apply a small amour	nt of the					
	alcohol-based hand	d rub to all surfaces of	the					
İ	hands. Rub hands	s together until the entir	е	1				
	product has dried (	usually about 30 secor	nds)."					
							1	
	A review of a page	s 1518 - 1520 from	•					
	Fundamentals of N	lursing, Potter and Per	ry, 6th					
	edition, the facility	s standard of practice,	and	1				
	provided to the sur	rveyor as part of the fac	allouin≏					
	wound care policy	, revealed, in part, the f	onowing					
	as the procedure t	o be followed once a cl	edii Ramova					
	dressing has been	applied to a wound: "I	(70HIOVE					
l	1			<u> </u>	<u> </u>			

DEPARTA CENTERS	MENT OF HEALTH ANI S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				FO	d: 05/26/2016 RM APPROVED
STATEMENT	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IDENTIFICATION NUMBE			ECONSTRUCTION	(X3) DATE S	
		495362		B. WING		į	R-C
NAME OF PR	OVIOER OR SUPPLIER		STREET AGES			05.	/12/2016
	NURSING AND REH	ABILITATION	906 TH	RESS, CITY, STATE DMPSON STR ND, VA 23005	REET		
(X4) IO PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF OEFICIENCIES T BE PRECEOEO BY FULL RE ENTIFYING INFORMATION)	GULATORY	IO PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCEO TO TO OEFICIENC	ION SHOULO BE HE APPROPRIATE	(X5) COMPLETION DATE
F 441	Continued From pag	e 128		F 441		<u> </u>	<u> </u>
	gloves and dispose of soiled supplies. Perform hand hygiene."			741			
	Resident #127 was     11/4/14 with diagnose limited to: high blood cholesterol and arthri	s admitted to the facility es that included but wer pressure, elevated tis.	on e not				
	The most recent MDS, an annual assessment, with an ARD of 3/8/16 coded the resident as having 15 out of 15 on the BIMS, indicating the resident was cognitively intact to make daily decisions. The resident was coded as requiring assistance of two staff for all activities of daily living except for eating which the resident could perform after her tray was set up. The resident was coded as always being incontinent of urine and stool.						
	p.m. of CNA (certified CNA come around the CNA come around the There were two bed processed to the CNA #14 was holding hands. CNA #14 stood gloves and, without wanother pair of gloves took it out of the room room, removed her glunch tray for Resider over bed table. CNA # before giving the residence.	·	The 127. Ded. ed her Dn g and the				
	5/11/16.  An interview was conda.m. with LPN (license	ducted on 5/11/16 at 11					

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

	STATEMENT OF O EFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA			1 ' ' '	E CONSTRUCTION		(X3) OATE SURVEY	
ANO PLAN U	F CORRECTION	IOENTIFICATION NUMBI	≣R;	A. BUILDING		I	COMPLETEO	
		495362		B. WING		ſ	R-C 12/2016	
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E ZIP CODE	03/	12/2010	
į	D NURSING AND REH	ABII ITATION	<b>!</b>	OMPSON ST	•		1	
				ND, VA 2300				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCEO TO OEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 441	F 441 Continued From page 129			F 441				
]	followed when providing care to a resident, LPN							
		nds between patients a					]	
	after contact with pati	ients."						
	An interview was con	ducted on 5/11/16 at 1	:48				ļ	
		When asked the proces						
		roviding resident care,					ļ	
		on gloves when helpin						
		s off and wash your hai						
	Of course you don't go from resident to resident with the same gloves." When asked if staff should				•			
		er touching the residen						
		, yes. I always wash m						
	hands."	, ,	·					
	An interview was con	nducted on 5/11/16 at 2	::12					
	p.m. with CNA#13. T	he observation was of						
	5/10/16 at 12:30 p.m.	. was described to CN/	A #13.					
1		st and foremost she sh	1					
1	before nandling the ti	ray for the other reside	nt."					
	An interview was con	nducted on 5/11/16 at 3	:42				-	
	·	nistrative staff member	, ,					
		•	_					
		nd after care between					•	
	resident." The observation of 5/11/16 at 12:30		30					
	'	o ASM #2. ASM #2 sta						
		shed her hands as so						
1	· ·	_	otf.					
	She should have was	sned nei nands."						
	No further information	n was provided prior to	exit.					
1								
	An interview was comp.m. with CNA#13. T 5/10/16 at 12:30 p.m. CNA#13 stated, "First have taken her glove hallway and she shout before handling the transport of the director of nursing was also present. When control process staff care to a resident, As wear gloves anytime gloves during inconting their hands before an resident." The observent was described to "She should have was she emptied that transport in the should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should have was should	The observation was of was described to CN/st and foremost she shes off before going into all the washed her haray for the other reside and ucted on 5/11/16 at 3 mistrative staff memberg. ASM #1, the administrative staff memberg. ASM #1, the administrative defended when providing M #2 stated, "Staff shed touch body fluids, we are to care. The need to not after care between wation of 5/11/16 at 12: o ASM #2. ASM #2 stated her hands as soot and took her gloves shed her hands."	A #13. ould the ands nt."  5:42 ) #2, strator on g ould ur wash 30 ted, on as off.					

DEPARTN CENTERS	MENT OF HEALTH ANI S FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				FO	d: 05/26/2016 RM APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O	CLIA ER:		LE CONSTRUCTION	(X3) DATE S	
		405000		-		COMPLI	R-C
		495362		B. WING		05.	/12/2016
	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		12/20/10
ASHLAND	NURSING AND REH.	ABILITATION		OMPSON ST ND, VA 230			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION OATE
F 441	Continued From page	e 130		F 441			
	4. For Resident #129	, facility staff failed to					
	dispose of a wheelch:	air cushion saturated ir	)				
	urine in a sanitary ma	inner.					
	Resident #129 was a	dmitted to the facility or	,				
	9/1/2015 with diagnos	ses that included but w	ere i				
	not limited to high blo	od pressure, GERD	1				
	(gastroesophageal re-	flux disease), high					
	cholesterol, thyroid di	sorder, and Non-Alzhe	imer's				į
		#129's most recent MD					
	(Minimum Data Set) v	vas a significant chang	e				
	assessment with an A						
	coded as being sover	/8/16. Resident #129 v ely impaired in cognitic	/as				
	scoring 3 out of 15 on	ely impalied in cognition the BIMS (Brief Interv	in				
	for Mental Status) exa	am. Resident #129 wa	ew				
		tensive assistance from					
	staff with dressing, pe	rsonal hygiene, and	''				
	bathing; independent	with ambulation and ea	atina;				
	and supervision with t	oileting. Resident #12	9 was				İ
	coded as being incont	tinent of bowel and blad	dder.				
	On 5/12/16 at 8:20 a.r						
	Hanover (secured unit	t) was conducted. A st	rong				
	urine odor was coming	g from Resident #129's					
		as not in the room and					
	nursing assistant) #1	3:30 a.m., CNA (certifie approached this survey	a				
Ì	She stated "The resid	approached this survey lent had an accident ar	or.				
	cleaned it up but I am	waiting for housekeep	na to				
ļ	come in and sanitize t	he bed. The resident w	as in				
	the dining room earlier	r but she likes to walk i	nto				
	her room and pee on t	the bed or the floor." A	.t				
	9:30 a.m., house clear	ning was observed					
-	sanitizing Resident #1	29's bed and floor. Th	e				
	urine spell dissipated	after the room was					
	sanitized.						
		.m., there was a strong					
	urine odor coming from	n Resident #129's roor	n.	ĺ			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING		R-C 05/12/2016
NAME OF PR	OVIDER OR SUPPLIER		STREET AODRE	SS, CITY, STAT	E, ZIP CODE	
ASHLAND	NURSING AND REH	ABILITATION		MPSON ST		
				D, VA 2300		
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID DI	PROVIDER'S PLAN OF CORRECTI	DN (X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		GULATORY .	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 441	1 Continued From page 131			F 441		
	On 5/12/16 at 1:00 p.m. the urine odor was still		still			
	present.		i			
	2/25/16 documented	129's care plan revised the following under car "Socially inappropriate nates on floor"	e			
	Review of Resident #129's care plan revised 2/25/16 documented the following under care area Elimination GU (urinary), "Focus: The					
	resident has altered bladder eliminationApproaches and Interventions:Check for incontinence. Wash, rinse and dry soiled areas"  On 5/12/16 at 1: 00 p.m., an interview was conducted with CNA (certified nursing assistant) #1. When asked how urine is cleaned after an incontinent episode she stated, "The CNA's pick up the urine or stool but then we call housekeeping to sanitize the room." When asked					
			dry			
			an pick			
	incontinent episode s	itime a resident has an she stated, "Yes." Whe	n			
	stated, "Yes, they are	ng responds right away e very good about clear	ning			
	could tell me about R	' When asked what sh tesident #129 she state ontinent episodes. She	ed, will			
	clothes off and hang	ner bed, take her soiled them over the railing in tod. "Her raam still sme	the			
	now. She actually ju	ted, "Her room still sme st had an accident in he was on her way back	er			
	activities. The activit	ies assistant brought h hair cushion was all we	er	Ė		
	activities she stated, cleaned her up but I	ne she came back from "Around lunch time. I didn't have time to get	a			
	large bag for her cus	hion so it is in the bath	room			

DEPARTMENT	OF HEALTH AND	<b>HUMAN SERVICES</b>
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OLIVILING	OF WEDICALL &	VIEDICAID SERVICES		<del></del>		OMB N	<u>10. 0938-0391</u>
	TATEMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA NO PLAN OF CORRECTION (OENTIFICATION NUMBER:			I	CONSTRUCTION	(X3) OATE SU COMPLE	
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				<u></u>		05/	12/2016
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ASHLANI	NURSING AND REH	ABILITATION	1	MPSON STR ND, VA 23008	,		
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F 441	1 Continued From page 132			F 441			1
	right now. When asked to see the wheelchair			l			
	cushion, CNA#1 ope	ened the bathroom doo	r. The				1
1	1	vas observed on the flo	. 1				
		nroom soiled from urine		Ì			
		e did not have time to c					
ĺ		ay she stated, "It was d					
:	II	e to prioritize my tasks.	1				
		ving the soiled cushion om was a concern she :					
		atrol issue." When aske					
ŀ		ins wheelchair cushion	,				
1		n and give to housekee					
		ce to tell housekeeping			•		
	On 5/12/16 at 1:10 p	.m., an interview was					
		(Other Staff Member)	#6,				
		stated that she has nev					İ
	been asked to clean	a wheelchair cushion t	pefore.				
<u> </u>		o.m., an interview was					
		#17. When asked the					
	1 *	soils a wheelchair cus					
		ally will just throw them on from therapy. Some					
		covering that will be ca					
		ted the covering is carr					
	a plastic bag.						
	conducted with LPN #6. When asked the wheelchair cushion s	•	soils a				
		ey will pressure wash the					
		away the cushion and ne." She stated the cus					
	1	ie. She stated the cus igged and never tossed					
		d soiled linens or cushic			•		
	I	ced on the floor becaus					
	cross contamination.	•					

	T OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:			1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495362		B. WING	·	R 05/12/	- 1
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE	<u> </u>	
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F 441	On 5/12/16 at 2:24 p conducted with OSM maintenance director will wipe the wheelch has an incontinent elecushion and give to reason.  Facility policy titled, 'Linen Handling' did soiled wheelchair cu  On 5/12/16 at 2:54 p Staff Member) #2, the was made aware of further information w  5. Facility staff failed gloves that were considered wheelchair cu  Resident #128 was a 2/9/16 and readmitted that included but we diabetes mellitus, high with behavioral disturbed that included but we diabetes mellitus, high with behavioral disturbed that included but we diabetes mellitus, high with behavioral disturbed that included but we diabetes mellitus, high with behavioral disturbed that included but we diabetes mellitus, high with behavioral disturbed but we diabetes mellitus, high with behavi	Cother Staff Member): Cother Staff Members Co	NA's dent g the e g of /e sing) xit. f #128. f f f f f f f f f f f f f f f f f f f	F 441			

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	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O	CLIA ER:	(X2) MULTIPLE CONSTRUCTION A. BUILOING		(X3) OATE SURV	/EY
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NAME OF DD	OMPER OF OURDINER			05/12/2016			/2016
	OVIDER OR SUPPLIER DINURSING AND REH.	A DULITATION		RESS, CITY, STATE,			
AOITEAR		ABILITATION:		OMPSON STRI ND, VA 23005	· ·		
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F 441	open part of all three Resident #128's shirt (Licensed Practical N gloves from Resident 313 with the gloves. A out of room 313 withowas not Resident #12 three boxes of gloves of a television that be in room 313.  On 5/12/16 at 10:41 a conducted with LPN and placed the three #128 had been carryil hid them." LPN #5 at three boxes of gloves where she got these asked if room 313 was she stated, "No, this is stated that she was now was carrying the glove above observation shabout that, whether the contaminated." LPN and the room and of the room and conducted with CNA process if she observed gloves (open side "Throw them away. Y gloves have touched."	boxes of gloves was a . At 9:16 a.m., LPN lurse) #5 took the boxe : #128 and walked into At 9:17 a.m., LPN #5 wout the gloves. Room : 28's room. At 9:17 a.m. s were observed to be slonged to another Residency of gloves Residency of gloves Residency of the stated, "In room showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to showed this surveyor to show the stated, "I am not gloves from." LPN #5 as Resident #128's room is not her room." LPN #5 as Resident #128's room is not her room." LPN #5 as Resident #10 LPN #5 as tated, "I never thou hey were considered #5 took the boxes of glisposed of them in the sam, an interview was #1. When asked the red a resident holding at to the chest) she stated ou don't know what the	es of room valked 313, the on top ident eshe ent n 313, he was m, #5 #128 is the ght oves	F 441	OEFICIENCY)		
		m., ASM (Administration of Nur					

DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES.	

		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN O	N OF CORRECTION IOENTIFICATION NUMBER:		ER:	A. BUILOING		COMPLE:		
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			CTDEET AGGE			05/1	12/2016	
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ASTLAN	TRUKSING AND KEH	ADILITATION		OMPSON STI ND, VA 2300				
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F 441	Continued From pag	e 135		F 441			<del>†  </del>	
		he above findings. No as presented prior to ex	xit					
	11/1/10 and most red with diagnoses included stage renal disease in disability, diabetes, go and blindness. On the (minimum data set), assessment with ARI date) 4/19/16, Resided severely cognitively in decisions, having seconded as having an incomplete of the properties of the properties of the properties of the physical part, the following or cath (catheter) 16 From the catheter) for urinary incomplete of the physical part, the following or cath (catheter) 16 From the physical part, the following or cath (catheter) for urinary incomplete of the physical part, the following or cath (catheter) for urinary incomplete of the physical part, the following or cath (catheter) for urinary incomplete of the complete of the physical part, the following or cath (catheter) for urinary incomplete of the complete of the physical part, the following or cath (catheter) for urinary incomplete of the physical part, the following or cath (catheter) for urinary incomplete of the physical part, the following or cath (catheter) for urinary incomplete of the physical part, the following or cath (catheter) for urinary incomplete of the physical part in par	a 14-day Medicare D (assessment referencent #107 was coded as mpaired for making dailored four out of 15 on the for Mental Status). He ndwelling catheter.  p.m. and 3:25 p.m., and Resident #107 was bed with the blanket pich observation, the catheter tubing cian's orders revealed, der, written 5/1/16: "For (16 French - denotes stretention. Foley cathet	is/16 end ectual					

DEPARTMENT OF HEALTH AND HUMAN	SERVICES
CENTERS FOR MEDICARE & MEDICAID	SERVICES

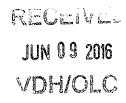
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NAME OF PROMOTER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  SUMMARY STATEMENT OF PERCENSES  (PLACE DEPOSITION MUST BE PRECEDED BY FULL REGULATORY  TASH AND, VA. 20005  FROM CREAT PROMOTER OF PROMOTER ASHLAND, VA. 20005  FROM CREAT PROMOTER OF PROMOTER OF PROMOTER ASHLAND, VA. 20005  FROM CREAT PROMOTER OF PROMO		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O	CLIA ER:		LE CONSTRUCTION	(X3) DATE SL COMPLE	
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  SITERIA ADDRESS, CITY, STATE, ZP CODE 906 THOMPSON STREET ASHLAND, VA 23006  PREFIX  (EACH DEPICIANO MUST BE PRECEDED BY FULL REGULATION VA 12006  FRETA TAG  ON 15/12/16 at 8:55 a.m., LPN (licensed practical nurse) #7 was interviewed regarding Resident #7 so catheter drainage beg and tubing touching the floor, she stated. "It needs to be picked up. The beg and the begging need to be changed, it should not be incontact with the floor, she stated." It is infection control. These residents are already prone to infection. The beg and tubing should not be in contact with the floor, she stated. "It is infection control. These residents are already prone to infection. The beg and tubing should not be incontact with the floor."  On 5/12/16 at 9:00 a.m., CNA (certified nursing assistant) #3 was asked what she would do if she entered a room and observed a resident's catheter drainage beg and catheter tubing in contact with the floor. She stated. "It can't be on the floor. It's an infection control thing."  On 5/12/16 at 3:10 p.m., ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the corporate consultant, and ASM #5, the corporate MDS consultant, were informed of these concerns.  A review of the facility policy entitled "Catheterization, Male and Female Urinary" revealed, in part, the following: "Tubing must be off of the floor at all times."  No further information was provided prior to exit.  "A soft, plastic or rubbor tube that is inserted into the bidder to drain the urine." This information		405202					[	
ASHLAND NURSING AND REHABILITATION  906 THOMPSON STREET ASHLAND, VA 23006  PREFIX (EACH DETICIDENCY MUST BE PRECEDED BY FULL REGULATION OF PREFIX TAG  (CACH DETICIDENCY MUST BE PRECEDED BY FULL REGULATION OF PREFIX TAG  ON 5/12/16 at 8:55 a.m., LPN (licensed practical nurse) #7 was interviewed regarding Resident #7 ac catheter drainage beg and tubing stocking the floor, She stated. "It needs to be picked up. The bag and the bagging need to be changed. It should not be dragging the floor," When seled why these liems should not be in contact with the floor, she stated. "It is infection control. These residents are already prone to infection. The bag and the bagging need to be changed. It should not be dragging the floor."  On 5/12/16 at 9:00 a.m., CNA (certified nursing assistant) #3 was asked what she would do if she entered a room and observed a resident's catheter drainage bag and catheter tubing in contact with the floor. She stated: "It can't be on the floor. It's an infection control thing."  On 5/12/16 at 3:10 p.m., ASM #1, the administrator, ASM #2. the director of nursing, ASM #3, the assistant director of nursing, ASM #3, the assistant director of nursing, ASM #4, the corporate consultant, and ASM #5, the corporate MDS consultant, and ASM #5, the corporate MDS consultant, were informed of these concerns.  A review of the facility policy entitled "Catheterization, Male and Female Urinary" revealed, in part, the following: "Tubing must be off of the floor at all times."  No further information was provided prior to exit.  "A soft, plastic or rubber tube that is inserted into the bladder to drain the urine." This information								1
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FREFIX TAG  CACHERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR L SCIDENT FYING INFORMATION  F 441  Continued From page 138  On 5/12/16 at 3:55 a.m., LPN (licensed practical nurse) #7 was interviewed regarding Resident #7's catheter drainage bag and tubing touching the floor. She stated: "It needs to be picked up. The bag and the bagging need to be changed. It should not be dragging the floor." When asked why these items should not be in contact with the floor, she stated: "It is infection control. These residents are already prone to infection. The bag and tubing should not be in contact with the dirty floor."  On 5/12/16 at 9:00 a.m., CNA (certified nursing assistant) #3 was asked what she would do if she entered a room and observed a resident's catheter drainage bag and catheter tubing in contact with the floor. It would go get the nurse because it can't be on the floor. It's an infection control thing."  On 5/12/16 at 3:10 p.m., ASM #1, the administrator, ASM #2, the director of nursing, ASM #3, the assistant director of nursing, ASM #4, the corporate oncounstant, and ASM #5, the corporate MDS consultant, were informed of these concerns.  A review of the facility policy entitled "Catheterization, Male and Female Urinary" revealed, in part, the following: "Tubing must be off of the floor at all times."  No further information was provided prior to exit.  "A soft, plastic or rubber tube that is inserted into the bledder to drain the urine." This information	AGHEAN	NORSING AND REH	ABILITATION					
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http://www.nlm.nih.gov/medlineplus/ency/article/0 03981.htm	F 441	On 5/12/16 at 8:55 a. nurse) #7 was intervi #7's catheter drainag the floor. She stated The bag and the bag should not be draggir why these items should not be draggir why these items should not floor, she stated: "It i residents are already and tubing should no floor."  On 5/12/16 at 9:00 a. assistant) #3 was askentered a room and catheter drainage bag contact with the floor. the floor. I would go can't be on the floor. thing."  On 5/12/16 at 3:10 p. administrator, ASM # ASM #3, the assistan #4, the corporate concorporate MDS constitues concerns.  A review of the facility "Catheterization, Male revealed, in part, the off of the floor at all tir No further information."  No further information taken from the web http://www.nlm.nih.go.	em., LPN (licensed prace ewed regarding Reside e bag and tubing touch in the best of the property of the property of the form	ent sing d up. ed. It ked th the ese e bag dirty sing if she ne on it st be exit. d into tion	F 441	DEFIGEN	(CY)	

FORM CMS-2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 137 of 153



DEPARTM CENTERS	ENT OF HEALTH AN FOR MEDICARE & I	D HUMAN SERVICES MEDICAID SERVICES		-		FÖRIV	05/26/2016 1APPROVED
	STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIOER/SUPPLIER/CLIA IOENTIFICATION NUMBER:  495362				E CONSTRUCTION	OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETEO	
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NAME OF PRO	OVIOER OR SUPPLIER		STREET ADOR	ESS, CITY, STAT	E 710 000F	U5/12	2/2016
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F 441	Continued From page	ge 137		F 441	<u> </u>	<del></del>	<u>                                     </u>
	According to Fundamentals of Nursing, Lippincott Williams and Wilkins Eighth Edition 2006, Lippincott Company, page 757, titled Renal and Urinary Disorders, under the heading "Management of a Patient with an Indwelling Catheter and Closed Drainage System" the subheading: "Maintaining a closed drainage system: 2. Maintain an unobstructed urine flow. b. Urine should not be allowed to collect in tubing because free flow of urine must be maintained to prevent urinary tract infection. Improper drainage occurs when the tubing is kinked or twisted, allowing pools of urine to collect in the tubing. c. Keep the bag off the floor to prevent bacterial contamination."  COMPLAINT DEFICIENCY  483.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any		w. ping d to nage		-		
			each	{F 514}	1.Resident #116 no longe the facility. Facility staff the plan of care for reside include history of making others. Unable to conclud there were circled bloods for resident #115. Resider an updated safety care place. Residents that reside in have the potential to be a Resident #130 has not mathreats to other residents.	updated Int #130 to Ithreats t	[4]33/1C

and progress notes.

This Requirement is not met as evidenced by: Based on observation, staff interview, facility

document review, and clinical record review, it

was determined that the facility staff failed to

(MARS) and of current diabetic residents will be audited to ensure physician ordered blood glucose

testing has been completed and

those that have not been completed

have appropriate documentation.

STATEMENT OF OFFIC	EMENT OF OEFICIENCIES (X1) PROVIOER/SUPPLIER/CLIA			(X2) MULTIE	PLE CONSTRUCTION	OMB NO. 0938-039	
ANO PLAN OF CORREC	CTION	IOENTIFICATION NUMBE	ER:	A BUILOING	E CONSTRUCTION	(X3) OATE SURVEY ' COMPLETEO	
	495362			B. WING		R-C	
NAME OF PROVIDER O	R SUPPLIER	1	STREET ADD	<u></u>		05/12/2016	
ASHLAND NURS		IARII ITATION		RESS, CITY, STA			
		NOIL INTON	400 I H	OMPSON ST	TREET		
(X4) ID	SUMMADVO	TATE (		ND, VA 230	05 		
PREFIX (EACH	OEFICIENCY MUS	TATEMENT OF OEFICIENCIES ST BE PRECEOEO BY FULL RE	GUI ATORY	10	PROVIOER'S PLAN OF CORRECTI	ION (X5)	
TAG	OR LSC IOENTIFYING INFORMATION)		0021101(1	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCEO TO THE APPRO	LO DE COMPLÉTION	
	<del></del>				OEFICIENCY)	PRIATE DATE	
	ived From pag			(F 514)			
mainta	in a complete	and accurate clinical re	cord	, , , ,			
for fou	r of 30 residen	ts in the survey sample	1		3. Licensed nurses will be ed	lucated	
Reside	ents #116, #13	0, #115 and #110.			on accurate documentation of	ucated	
1 74	f==:::::	9					
inten/o	e racility staff fa	ailed to document their		 	medical records to include re	tusal of	
#116 f	om his roomm	ediately separate Resida nate (Resident #130)	ent		blood glucose monitoring by		
followi	ng a threat ma	de by Resident #130)	word		DCS/designee. In-servicing w	ill be .	
Reside	nt #116 on 5/9	9/16.	waro		provided to licensed nursing	staff to	
					address updating plan of care	e for	
2. The	2. The facility staff failed to document Resident				changes in condition and bel	navioral	
#130's	#130's threat to his roommate (Resident #116) on				outburst. This in-service will	also	
5/9/16.			,		include the notification of M	0130	
					Random weekly review will b	D/RP.	
3. Fac	ility staff failed	to document why a blo	od		conducted by the Dock I	ie	
sugar	on 5/4/16 at 9:	00 p.m. was not done; t als but did not documer	he		conducted by the DCS/design	nee for	
the har	orcieu ner initig	als but did not documer the reason why the bloo	nt on	•	five (5) residents per week fo	r three	
sugar \	vas not done.	the reason why the bloc	00		(3) months to ensure that the	e any	
3	-40 /101 40/10.				behavioral episodes have be	en	
4. Faci	lity staff failed	to maintain an accurate	care		added to the plan of care, M	D/RP	
plan fo	r Resident #11	0 under care area "Safe	ety."		have been notified and imme	ediate	
			-		interventions in place. Rando	om	
i ne fin	dings include:				weekly review will be conduc	ted by	
1 Per	idont #116 wo	a admitted to the following			the DCS/designee for five (5)		
5/3/16	with diagnoses	s admitted to the facility s including, but not limite	on .		residents per week for three	(2)	
schizor	ohrenia, demer	ntia, high blood pressur	ea 10:		months to ensure blood gluc	(5)	
and de	pression. On I	Resident #116's admiss	e, ion		testing has been newfared	ose	
nursing	assessment o	dated 5/3/16, he was co	ded		testing has been performed a	as l	
as havi	ng both short t	term and long term mer	norv		ordered by MD and any refus	sal have	
probler	ns. He was co	oded as having a history	of of		been documented along with	1	
depres	sion, but was d	coded as not having any	/		MD/RP notification.	İ	
benavii in sefe	ors. He was co	oded as having an alter	ation				
iii salei	y awareness c	due to cognitive decline.		•			
Reside	nt #130 was a	dmitted to the facility on					
10/10/1	3 and most re	cently readmitted on					
11/21/1	4 with diagnos	ses including, but not lin	nited				
to: chr	onic obstructiv	e pulmonary disease,					
		·					

DEPARTA CENTERS	MENT OF HEALTH AND S FOR MEDICARE & N	D HUMAN SERVICES MEDICAID SERVICES				FORM	05/26/2016 MAPPROVED
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
	495362		· · · · · · · · · · · · · · · · · · ·		<del></del>	R-C 05/12/2016	
	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
ASHLANI	NURSING AND REH	ABILITATION	906 TH	OMPSON ST ND, VA 2300	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	I D BE	(X5) COMPLETION DATE
{F 514}	epilepsy, heart failure stroke. On the most is set), a quarterly asse assessment reference #130 was coded as himpairment for makin scored eight out of 15 interview for mental shaving exhibited no bback period.  On the following date survey, Residents #1 in the same room: 5/at 7:40 a.m. and 5:15 a.m., Resident #116 moved to a different revealed the following at 7:30 p.m. and writtens with the same room in the sa	e, agitation and history recent MDS (minimum ssment with (ARD) e date 3/10/16, Reside raving moderate cognit g daily decisions, having the BIMS (brief status). He was coded behaviors during the local send times during the 16 and #130 were obsided and #130 were obs	data int ive ng as bk  erved 11/16 :10 been #116 /9/16	{F 514}	4. Results of the reviews will discussed by the administrator/designee at the Quality Assurance Performal Improvement meeting mont three (3) months. The commutil recommend provisions the plan as indicated to sustain substantial compliance.	ne nce thly for	

revealed the following nurse's note, dated 5/9/16 at 7:30 p.m. and written by LPN (licensed practical nurse) #11: "Charge nurse on middle hall giving out medication. Called to Front Hall [wing number] by other residents. Resident noted on floor in hallway. Denies pain or discomfort. [Names of other residents] state they didn't see him fall but they heard him hit the floor. Resident extremely confused wandering and fumbling around in the room to the point the roommate is upset and threating (sic). MD (physician) called and made aware of fall. Request b/p (blood pressure) to be rechecked. BP 132/60...Call placed to MD. Awaiting return call @ (at) this time."

A review of the Admission Care Plan for Resident #116 dated 5/2/16 listed the following interventions under the heading "Falls/Safety/Elopement Risks: "Orthostatic hypotension precautions (to prevent low blood

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DEPARTM CENTERS	ENT OF HEALTH AN FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES				FORM	05/26/2016 APPROVED . 0938-0391
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NAME OF PR	OVIDER OR SUPPLIER	I	STREET ADDRE	SS, CITY, STAT	E, ZIP CODE		
ASHLAND	NURSING AND REH	ABILITATION		MPSON ST			ļ
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(F 514)				{F 514}			
	ambulation devices a	ly sitting or standing up	),			j	
,		bility to ask for assistan	ce				
	_	wear for fit and non-skid					
	soles, encourage activity, safety checks,						
	orthostatic BP (blood	I pressure) checks.					
	Further review of the clinical record revealed no further evidence that the facility staff addressed						
	Resident #130's thre	ats to Resident #116, o	or			1	
		116 for safety needs					:
		vidence that Resident a urther threats or harm i					
	Resident #130.	urmer mreats or narm r	TOTTI				
		.m., ASM (administrative assistant director of	/e				
		wed regarding the abo	ve				
	referenced nurse's n	ote. She was asked to					
		with an incident report					]
		ng the threat Resident and the shift in the shift in the stated that shift in the s					ļ
		documentation regardi	Y .				
	incident. She stated	that she was aware th	_				
	_	oor when the incident					
		the residents immediate	•				
		116 at the nurse's stations one to sleep. She stations					
		#130 went to sleep, the					
	facility staff assisted	Resident #116 back in					
	bed (in the same roo	om as Resident #130).					

On 5/11/16 at 6:10 p.m., LPN #11 was

interviewed about the above referenced incident. She stated that she was initially focused on Resident #116's fall and on assessing him for any injuries. She stated that her assessment revealed no apparent injuries for Resident #116. She stated that Resident #116 was being "very loud and unsteady" in his room, and that Resident

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		ţ	CONSTRUCTION	(X3) DATE SURVE COMPLETED	Y
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ASHLANI	NURSING AND REH	ABILITATION	i	MPSON STR ND, VA 23005			
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{F 514}	#130 said: "If you ca [expletive] down, I wistate d that she put R and took him to sit at duration of the shift. #130 went to sleep, #116 back to his bed she told the supervise supervisor told her to were separated and there were no other recorded any of this record, she stated: 'have."  On 5/12/16 at 8:25, was interviewed reg she was notified of a resident. She stated separated for safety alert the director of recorded and about stated that the doctor notified. When aske incident between Resided: "I didn't head was just told they we that we need to get this information was meeting at any point chart to the morning following the incider "There absolutely slinvestigation." She exactly what she had discussed at the morning	un't make him sit his II make him sit it down. esident #116 in a whee the nurse's station for She stated that Reside and she assisted Reside at that time. She state or about this, and that make sure the resider monitored to make sure incidents. When asked information in the clinic 'No, I didn't. I know I sident threatening at that the residents sho. She stated that she would a resident threatening at that the residents sho. She stated that she would a resident threatening at a nurse's note about with any action she took, or and the RP should all the sident #116 and #130, rexactly what was said the earguing. I told the rether moved." When a shared in the morning the stated: "I brought meeting on [the day at 15/10/16]." She stated:	elchair the ent ent ent ent ed that the hits e lif she eal hould ger, do if nother uld be yould she ated hat She so be an she l. I nurse sked if at the ed: ecall been 16.	{F 514}			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 05/26/2016 FORM APPROVED

OLIVILING	ON WEDICARE &	MEDICAID SERVICES				OMB 1	VO. 0938-0391	
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ASHLAND	NURSING AND REH	IABILITATION	906 TH	OMPSON ST ND, VA 2300	REET			
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{F 514}	Continued From pag	je 142		{F 514}	·			
	· -	, , was interviewed regar	dina	(, 0, 1,				
		lowed when a resident		l				
		nmate. She stated: "If						
		ould separate them and		1				
		t witness statements from						
		heard anything, whethe						
		s." When asked how sl		j				
	I .	reat was an "actual" on						
	1	reat would be if a patie	• •	i				
	I .	hurt someone or had a						
		en asked about the abo						
	referenced incident b	oetween Resident #116	and					
	Resident #130, she :	stated: "It was not brou	ight to					
	me as a threat." She	e said that another staff	;					
İ	member had told her	r that Resident#130 ha	d	į				
		nd that we needed to do						
		sident#116 falling all o						
	1	hat her concern was mi						
	1	lent's unsteadiness and						
		that a CNA (certified no						
		esident #116 the remai						
	_	nake sure he was safe.	Sne	;				
	stated: "We kept hin	in sale all riight. Vve ght." She stated that if:	ah a					
	-	y what Resident #130 h						
		e moved Resident#116						
	· ·	n asked if she passed						
		ut this incident to the ne						
		would have passed it or						
		n the 24-hour report. I						
		" When asked if the inc		]				
	should have been investigated as an incident of abuse, she stated: "Yes. Yes it should have. If I had known what really happened, I would have."							
	On 5/11/16 at 5:50 p.m., ASM #1, the executive							
	director, ASM #2, the director of nursing, ASM #3,							
	the assistant director of nursing, and ASM #4, the regional consultant, were informed of these							
	_ ·	were imornied of these						
	concerns.			1			İ	

ASSTALAN DURSING AND REHABILITATION  STRET ADDRESS, CITY, STATE, 2P CODE SOD THOMPSON STREET ASSILAND, VIX. 20005  SUMMANY STATEMENT OF DEPTICIENCIES FREETY TAG  SUMMANY STATEMENT OF DEPTICIENCIES FREETY TAG  CANTING PROVIDER'S RANDE CORRECTION RESERVE TAG  CANTING PROVIDER'S RANDE CORRECTION REACH DEPTICIENCY MUST BE PROCEDED BY PILL REGULATORY TAG  CEACH DEPTICIENCY MUST BE PROCEDED BY PILL REGULATORY TAG  CEACH DEPTICIENCY MUST BE PROCEDED BY PILL REGULATORY TAG  CEACH DEPTICIENCY MUST BE PROCEDED BY PILL REGULATORY TAG  CEACH DEPTICIENCY OR THE APPROPRIATE  CEACH DEPTICIENCY  CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO HER APPROPRIATE  PROGRESS Notes To evaled, in part, the following: "A review of the facility policy entitled "Nurse Progress Notes Treasland in lings the recent of the record as required. The nurse shall utilize the Progress Notes to document resident progress.  The note will be written legibly in black link and shall include the following but not imited to: Date, Time (specific, not block time), Resident specific information, Signature with redefitials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredible Easy, Lippinott Williams and Wilkins, Philadelphia PA, page 32. "Nursing documentation is a fundamental feature of nursing care. Patient records are legally vaid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize first what they document fail to record can produce an enormous effect on the care that is provided by other members of the health care team."  2. Resident # 116 was admitted to the facility on S/S/16 with diagnoses including, but not limited to schizophrenia, demental, high blood pressure, and depression. On Resident # 116's admission nursing assessment dated 5/S/16, he was coded as having both short t		OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
ASHLAND NURSING AND REHABILITATION  O(4) ID PRETRY TAS  SIMMARY STATEMENT OF DEPICIENCES PROFILE (EACH DEPICIENCY MAST BE PRECEDED BY FALL RESULATORY)  (EACH DEPICIENCY MAST BE PRECEDED BY FALL RESULATORY)  (F 514)  Continued From page 143  A review of the facility policy entitled "Nurse Progress Notes" revealed, in part, the following: "A resident's progress shall be documented in the record as required. The nurse shall utilize the Progress Notes to document resident progress. The note will be written legibly in black inks and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information, Signature with credentials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippinoted Williams and Wilkins, Philadelphia PA, page 23. "Nursing documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document relia to record can produce an enomous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on SIGN with diagnoses including, but not limited to: schizophronia, dementia, high blood pressure, and depression. On Resident #116's admission nursing assessment dated 5/3/16, he was coded as having both short term and long term memory problems. He was coded as having any behaviors. He was coded as having any behaviors. He was coded as hearing any			495362		B. WING		1	
ASHLAND, VA 23005    CACH DEPICENCY MUST BE PRECEDED BY FULL REGULATORY PREFIX TAS   CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CRISC DEMITTING INFORMATION   PREFIX TAS   CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CRISC DEMITTING INFORMATION   PREFIX TAS   CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON CROSS-REFERENCED TO THE APPOPULATE OCCUPANT ON THE PROPERITY OCCUPANT ON THE PROPERIATE OCCUPANT ON THE PROPERITY OCCUPANT ON THE PROPE	NAME OF PR	OVIDER OR SUPPLIER	<del></del>	STREET ADDR	ESS, CITY, STATE, 2	ZIP CODE		
ON ID PRETIX (EACH DEFICIENCY STATEMENT OF DEFICIENCES) THE CACH DEFICIENCY HAIS DEFINITIONS INTO EXACT PRETIX TAX  (F 514)  COntinued From page 143  A review of the facility policy entitled "Nurse Progress Notes" revealed, in pert, the following: 'A resident's progress shall be documented in the record as required. The nurse shall utilize the Progress Note to document resident progress. The note will be written legibly in black ink and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Phitadelphia PA, page 23: "Nursing documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of document reside in provides an accurate aplication of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document or fail to record can produce an enormous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on SO/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #116's admission nursing assessment dated So/16, he was coded as having both short term and long term memory problems. He was coded as having an alteration	ASHLAND	NURSING AND REH	ABILITATION	906 THO	MPSON STRE	ET		l
FREETIN (EACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATIONY OR ISC IDENTIFYING INFORMATION)  (F 514)  A review of the facility policy entitled "Nurse Progress Notes" revealed, in part, the following: "A resident's progress shall be documented in the record as required. The nurse shall dilize the Progress Note to document resident progress. The note will be written legibly in black hick and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information, signature with credentials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23: "Nursing documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation provides an accurate adoption of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document or fail to record can produce an enormous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on 5/3/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #16's admission nursing assessment dated 5/3/16, he was coded as having a history of depression, but was coded as having an ilisatory of depression, but was coded as having an ilisatory of depression, but was coded as having an ilisatory of depression, but was coded as having an ilisatory of depression, but was coded as having an ilisatory of depression, but was coded as having an ilisatory of the province of the province of the province of the province of the province of the province of the province of the prov				ASHLAN	ĮD, VA 23005			
(F 514) Continued From page 143 A review of the facility policy entitled "Nurse Progress Notes" revealed, in part, the following: "A resident's progress shall be documented in the record as required. The nurse shall utilize the Progress Note to document resident progress. The note will be written legibly in black ink and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information, Signature with credentials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadeliphia PA, page 23: "Nursing documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize that what fively document or fall to record can produce an enormous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on 5/5/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #116's admission nursing assessment dated 5/3/16, he was coded as having both short term and long term memory problems. He was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an history of depression, but was coded as having an interation	PREFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOU	LD BE	COMPLETION
A review of the facility policy entitled "Nurse Progress Notes" revealed, in part, the following: "A resident's progress shall be documented in the record as required. The nurse shall utilize the Progress Note to document resident progress. The note will be written legibly in black ink and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information, Signature with credentials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23. "Nursing documentation is a fundamental feature of nursing care, Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document of fall to record can produce an enomous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on \$/3/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #116's admission nursing assessment dated 5/3/16, he was coded as having both short term and long term memory problems. He was coded as having a history of depression, but was coded as having a history of depression, but was coded as having a history of depression, but was coded as having a history of depression, but was coded as having and behaviors. He was coded as having any behavors. He was coded as having any behavors. He was coded as having any behavors.								
Progress Notes" revealed, in part, the following:  "A resident's progress shall be documented in the record as required. The nurse shall utilize the Progress Note to document resident progress. The note will be written legibly in black ink and shall include the following but not limited to: Date, Time (specific, not block time), Resident specific information, Signature with credentials."  No further information was provided prior to exit. According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23. "Nursing documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a highly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the health care team. Unless the content of documentation provides an accurate depiction of patient and family care, qualify of care may not be possible. Many nurses do not realize that what they document or fail to record can produce an enormous effect on the care that is provided by other members of the health care team."  2. Resident #116 was admitted to the facility on 5/3/16 with diagnoses including, but not limited to: schizophrenia, dementia, high blood pressure, and depression. On Resident #116's admission nursing assessment dated 5/3/16, he was coded as having ont short erm and long term memory problems. He was coded as having a history of depression, but was coded as having an alteration	{F 514}	Continued From pag	e 143		{F 514}			
in safety awareness due to cognitive decline.		Progress Notes" reversible record as required. Progress Note to door The note will be writt shall include the follod Date, Time (specific, specific information, No further information According to Fundan Incredibly Easy, Lipp Philadelphia PA, page documentation is a finursing care. Patient and need to be accuthat care can be combealth care team. Ur documentation provipatient and family capossible. Many nursithey document or fairenormous effect on to other members of the solution. On nursing assessment as having both short problems. He was depression, but was behaviors. He was behaviors. He was behaviors. He was behaviors.	ealed, in part, the follows shall be documented. The nurse shall utilize to the nurse shall utilize to the nurse shall utilize to the nurse shall utilize to the nurse shall utilize to the nurse shall utilize to the legibly in black ink as wing but not limited to: not block time), Reside Signature with credention was provided prior to the nentals of Nursing Made incott Williams and Williams and Williams and Williams and Williams and Williams and comprehensive the cords are legally valuated and comprehensive incomplete the content of des an accurate depicture, quality of care may be do not realize that will to record can produce the care that is provide the care that is provide the health care team."  The sas admitted to the facilities including, but not limited to the facilities including, but not limited to the facilities including, but not limited to the facilities including, but not limited to the facilities including, but not limited to the facilities including and the coded as having a history coded as having an altituded as having an altituded as having an altituded as having an altituded so the same coded as having an altituded so the coded as having an alti	ving: in the he ss. and ent ials." exit. le lkins, since lid, ve so to the ion of not be vhat e an d by lity on iited to: ure, ssion coded emory ory of uny eration				

DEPARTMENT OF HEALTH AND HUMAN	<b>SERVICES</b>
CENTERS FOR MEDICARE & MEDICAID	

Printed: 05/26/2016 FORM APPROVED

<u>OLIVILIY</u>	D. ON MEDIONICE WI	ALDIOVID SEKAICES		<del></del>		OMB N	IO. 0938-0391	
	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O IOENTIFICATION NUMBE			E CONSTRUCTION	1 ' '	(X3) OATE SURVEY COMPLETEO	
		495362		B. WING		1	R-C	
NAME OF PR	OVIOER OR SUPPLIER		STREET AOOR	ESS, CITY, STAT	E ZIP CODE	05/	12/2016	
ASHLAND	NURSING AND REH	ABILITATION		MPSON ST				
				ND, VA 2300				
(X4) IO	SUMMARY S	TATEMENT OF OEFICIENCIES						
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{F 514}	, ,			{F 514}				
	Resident #130 was a	dmitted to the facility o	n					
•	10/10/13 and most re	ecently readmitted on						
		ses including, but not li	mited					
		e pulmonary disease,						
		e, agitation and history recent MDS (minimum					1	
	set), a quarterly asse		uala					
		e date 3/10/16, Reside	nt					
	#130 was coded as h	aving moderate cognit	ive					
	impairment for making daily decisions, having							
	scored eight out of 15 on the BIMS (brief							
		status). He was coded						
	having exhibited no b back period.	ehaviors during the loc	OK					
	back period,		į	ļ				
	l A review of the clinica	al record for Resident #	116	!				
	1	g nurse's note, dated 5		1				
	at 7:30 p.m. and writt							
	practical nurse) #11:	"Charge nurse on mid						
		ation. Called to Front H						
	[wing number] by oth	er residents. Resident	noted					
	on floor in nailway. L	enies pain or discomfo	ort.					
		dents] state they didn't and the state of the didn't and the floor. Res						
	extremely confused w	vandering and fumbling	sideni.					
		the point the roomma						
		sic). MD (physician) ca						
		all. Request b/p (blood						
		ecked. BP 132/60Ca						
		ing return call @ (at) th	is					
	time."							
	A review of Posidont	#130's clinical record						
	i -	#130's clinical record						
	1	evidence of an altercati	on					
		30 and Resident #116						
	5/9/16.							
		m., LPN #8 was intervi	ewed					
	regarding what should	u be documented if a						
	I		I		I		1	

Printed: 05/26/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB<u>NO. 0938-0391</u> STATEMENT OF OFFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIOER/SUPPLIER/CLIA (X3) OATE SURVEY IOENTIFICATION NUMBER: ANO PLAN OF CORRECTION A. BUILOING COMPLETEO R-C 495362 B. WNG \_ 05/12/2016 STREET AOORESS, CITY, STATE, ZIP COOE NAME OF PROVIOER OR SUPPLIER ASHLAND NURSING AND REHABILITATION 906 THOMPSON STREET ASHLAND, VA 23005 (X4) IO SUMMARY STATEMENT OF DEFICIENCIES 10 PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEOEO BY FULL REGULATORY PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG OR LSC IOENTIFYING INFORMATION) TAG CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY) {F 514} Continued From page 145 {F 514} resident makes a threat against another resident. She stated: "It should go in both resident charts. I would write a note in each of the charts. I would say what happened and who I called." On 5/12/16 at 1:15 p.m., LPN #9, a unit manager, was interviewed regarding what should be documented if a resident makes a threat against another resident. She stated that the events should be documented in both residents' progress notes. She stated that after the residents are separated and the physician and RP are notified, everything that happened with both residents should be documented. On 5/12/16 at 3:10 p.m., ASM #1, ASM #2, ASM #3, ASM #4 and ASM #5, the corporate MDS

consultant, were informed of these concerns.

No further information was provided prior to exit.

3. Resident #115 was admitted to the facility on 4/26/11 with diagnoses that included, but were not limited to: cancer, cirrhosis, hepatitis C, diabetes, hypertension, and gastroesophageal reflux disease.

The most recent MDS (minimum data set) assessment, was an annual assessment with an ARD (assessment reference date) of 2/8/16. Resident # 115 was coded as scoring 15 out of a possible 15 on the Brief Interview for Mental Status (BIMS) in Section C, Cognitive Patterns, indicating the resident was cognitively intact

Review of the clinical record revealed a physician order originally dated 2/1/16 and most recently signed by the physician on 4/1/16 documented: "CHECK BLOOD SUGAR AT BEDTIME CALL MD < 60 (less than 60) OR > 450 (greater than

DEPARTI CENTERS	MENT OF HEALTH ANI S FOR MEDICARE & N	D HUMAN SERVICES				FOR	05/26/2016 MAPPROVED	
	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/O	2116	(X2) MULTIE	PLE CONSTRUCTION	OMB N	O. 0938-0391	
	FCORRECTION	IDENTIFICATION NUMBER	ER:		3		(X3) DATE SURVEY COMPLETEO	
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	D NURSING AND REH.	ARII ITATION		RESS, CITY, STA				
				OMPSON ST ND, VA 230				
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{F 514)		e 146		(F 514)	DEFICIENCY)			
	450)"							
	Review of the MAR (r	nedication administrati	on					
	record) for May 2016	revealed no document	ation					
	as to why Resident #	115's blood sugar was	not					
	checked on 5/4/16 at	9:00 p.m.					,	
	During an interview or	n 5/11/16 at 3:45 p.m.	with					
	LPN (licensed practic	al nurse) #2 the circled	t					
	Initials for 5/4/16 at 9:	00 p.m. on Resident# LPN # 2 stated, "If it is	115's					
	circled there should b	e remarks on the back	(of					
	the MAR) as to why it	was not done." The b	back					
	of the MAR was revie	wed with LPN # 2 and	LPN					
	# 2 confirmed that the documented.	ere was no reason						
	documentou.							
Ì	During an interview or	n 5/12/16 at 8:45 a.m. <sup>,</sup>	with					
	RN (registered nurse)	#3, a unit manager, ti	ne i					
	at 9:00 p.m. were revi	dent # 115's MAR for 5 ewed. RN #3 stated t	5/4/16   het					
	the nurse should have	put something on the	back					
	and RN # 3 gave exar	mples of reasons that o	ould					
		ed. RN#3 confirmed t						
	MAR for the circled in	ntation on the back of t	ine					
	During an interview or	5/12/16 at 9:50 a.m. v	with					
	ASM (administrative s administrator, this con	taff member) # 1, the icern was shared and t	he					
	facility policies related		ı ic					
	requested.			!				
	During an interview or	n 5/12/16 at 10:20 a.m.	with					
	ASM # 3, the assistan	t director of nurses, AS	SM#					
	3 reported that she (A	SM # 3) could find no						
	documentation as to w	why that Resident # 115	5's					
	Diodo sugais was not	done on 5/4/16 at 9:00	p.m.				1 [	

Review of the facility policy: Clinical/Medical

DEPARTMENT	OF HEALTH AND HU	MAN SERVICES
CENTERS FOR	MEDICARE & MEDIC	CAID SERVICES

NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION  STREET ASHLAND, VA 23005  (K4) IO PROVIDER OR SUMMARY STATEMENT OF OFFICIENCISS TAG  (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  (F 514)  Continued From page 147 Records documented the following under "PolicyClinical Records are maintained in accordance with professional practice standards to provide complete and accurate information on each resident for continuity of careThe purpose of the resident's plan of care and to provide a medium of communication among health care professionals involved in this care"  No further information was provided prior to exit.  According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23: "Nursing documentation is a highly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the		OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/O			CONSTRUCTION	(X3) OATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 514)  (F 514)  Continued From page 147  Records documented the following under "PolicyClinical Records are maintained in accordance with professional practice standards to provide complete and accurate information on each resident for continuity of care The purpose of the clinical record is to document the course of the resident's plan of care and to provide a medium of communication among health care professionals involved in this care"  No further information was provided prior to exit.  According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23: "Nursing documentation is a fightly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the			495362		B. WING		R-	-C
ASHLAND NURSING AND REHABILITATION  906 THOMPSON STREET ASHLAND, VA 23005  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (F 514)  Continued From page 147  Records documented the following under "PolicyClinical Records are maintained in accordance with professional practice standards to provide complete and accurate information on each resident's plan of care and to provide a medium of communication among health care professionals involved in this care"  No further information was provided prior to exit.  According to Fundamentals of Nursing Made Incredibly Easy, Lippincott Williams and Wilkins, Philadelphia PA, page 23: "Nursing documentation is a highly significant issue since documentation is a fundamental feature of nursing care. Patient records are legally valid, and need to be accurate and comprehensive so that care can be communicated effectively to the	NAME OF PR	OVIOER OR SUPPLIER	<u> </u>	STREET AOORE	SS CITY STATE	ZIR COOE	03/12	72010
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health care leam. Unless the content of documentation provides an accurate depiction of patient and family care, quality of care may not be possible. Many nurses do not realize that what they document or fail to record can produce an enormous effect on the care that is provided by other members of the health care team."  Fundamentals of Nursing, 6th Edition, Potter and Perry, 2005, pages 1239-1287, "Effective communication of a client's assessment of pain and his or her response to intervention is facilitated by accurate and thorough documentation. This communication needs to transpire from nurse to nurse, shift to shift, and nurse to other health care providers. It is the professional responsibility of the nurse caring for the client to report what has been effective for managing the client's pain. The client is not responsible for ensuring that this information is	{F 514}	Records documented "PolicyClinical Recordance with profit to provide complete a each resident for con of the clinical record ithe resident's plan of medium of communic professionals involve  No further information  According to Fundam Incredibly Easy, Lipp Philadelphia PA, page documentation is a funursing care. Patient and need to be accurthat care can be comhealth care team. Un documentation provice patient and family care possible. Many nurse they document or fail enormous effect on the other members of the Fundamentals of Nur Perry, 2005, pages 1 communication of a cand his or her responsacional responsacio	I the following under ords are maintained in essional practice stand and accurate informatio tinuity of care The puis to document the courage and to provide a cation among health card in this care"  In was provided prior to the entals of Nursing Madincott Williams and Williams and Williams and Williams and williams and comprehensive municated effectively the estimated effectively the estimated and comprehensive municated effectively the estimated effectively the estimated entals on the estimated effective entals and comprehensives do not realize that will to record can produce the care that is provided the estimated effective estimated effective estimated effectives and thorough communication needs to nurse, shift to shift, a care providers. It is the ibility of the nurse carimated has been effective for pain. The client is not pain. The client is not pain.	en on or propose rise of re exit.  e exit.  e kins, ince of the on of not be hat an exit and or and or and exit or	{F 514}	OLI IGENCI)		

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{F 514	accurately transmitter a pain flow sheet or conformation about pain about pain and a section of the pain and a section of	d. A variety of tools sultiary will help centralized in management."  s admitted to the facilitated on 4/10/16 with ed but were not limited der, dementia with ee and type two diabeted 10's most recent MDS was significant changed in Cognitive on the staff interview of the sta	y on to ss vas ve for ded h with sonal g.	{F 514}			
	Review of Resident # revealed an SBAR (S Assessment and Rec		nent				

"Resident fell and hit head."

A nurses noted dated 5/2/16 documented the following: "Resident s/p (status post) incident, 0 (zero) new injury vs vital signs 108/54, p (pulse)

Review of the incident reported dated 4/30/16

73, R (respirations) 18, T(temp) 97.6."

	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IDENTIFICATION NUMBE			E CONSTRUCTION		(X3) OATE SURVEY COMPLETED	
		495362		B. WNG_			-C	
NAME OF DR	OVIDER OR SUPPLIER		STREET ADOR	EEE CITY DEAT		05/12	/2016	
	NURSING AND REH	A RILITATION		ESS, CITY, STAT				
AOISEANE		ABILITATION		OMPSON ST ND, VA 2300				
(X4) IO		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORREC	TION I	(X5)	
PREFIX TAG (F 514)	OR LSC IO	T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCEO TO THE APPI OEFICIENCY)	ULO BE	COMPLÉTION DATE	
	supervision, and/or a the risk of an accider the resident's needs, current standards of implemented due to be socks, ii. increase su encouragement with revisions: i. encourage participation ii. Hospi of soft helmet."  Review of Resident # documented the follo problem area "Safety (1) 4/30/16 The residactivities that minimizers."	ntions, including adequissistive devices to reduct that were consistent vigoals, plan of care and practice: a. Intervention nazards and risks: i. gripervision, iii. increase activities Care plan de increase with activitie ce suggest/poss. (possible fillo)'s care plan dated (wing interventions under on 4/30/16:  ent needs out of room the the potential for falls	with Insert sessibility)  3/3/16 er  while					
	providing diversion a participation, 2) 4/30/ On 5/10/16 and 5/11/ observed multiple tim wearing a helmet.  Review of the hospic documented in part the possibility of a soft he follow up on Monday allowed at facility" or nurse's note could of a soft helmet.  Review of Resident # POS (Physician Order	nd distraction, encourary 16 Helmet via hospice 16, Resident #110 was res on the secured unit the notes dated 4/30/16 re following: "Discuss rions with nurse to incluing elmet, nurse suggest to with regular staff to see No further follow up hose be found regarding the 110's most recently sig er Sheet) dated 5/1/16 aled that Resident #110	ge " not sed de e if its spice a use		JUN 09 20 VDH/OL	16		

DEPARTI	MENT OF HEALTH AN	D HUMAN SERVICES			``	Printed:	05/26/2016
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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIOER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-0391 (X3) OATE SURVEY COMPLETEO	
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	ROVIDER OR SUPPLIER		STREET AOD	RESS, CITY, STAT	TE, ZIP COOE		
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	from an outside agen #110 was supposed t stated, "No. What had she fell; our on call not assessed her. The n soft helmet was nece would keep a soft helmet On 5/11/16 at 3:50 p. conducted with RN (Finew unit manager. She sure why a soft helmet #110's care plan. She manager during that the stated is to state the suppose of the suppose o	m., an interview was lent #110's hospice nur cy. When asked if Reso be wearing a helmet d happened was the daurse went over and urse called me to see it ssary. There is no way met on her head. We call for her."  m., an interview was Registered Nurse} #1, the stated that she was et was placed on Residestated, "I was not the element was not the stated," I was not the stated.	sident he by that f a f she lid not ne not ent unit	{F 514}			
	stated that the unit may for updating the care facility is trying to get the care plan as well I was just the unit many or MDS." She stated to not have been put on On 5/11/16 at approximaterview was conduct nurse. When asked woundating the care planupdate the care planithe care planif they are	anagers were responsitually plans. She stated, "The the floor nurses to update the floor nurses to update the sack during this time agers updating the care that this intervention shate the care plan.  I mately 4:00 p.m., and the with LPN #19, the Machine the was responsible for a she stated, "Any nurses should be update the stated of th	ble e ate e it e plan ould  MDS e can eting				

she as not familiar with Resident #110's intervention for a soft helmet. She stated, "That

On 5/11/6 at approximately 4:30 p.m. an interview was conducted with ASM (administrative staff member) #1, the administrator. He stated he had

could have been anybody."

DEPARTMENT OF HEALTH ANI	D HUMAN SERVICES
CENTERS FOR MEDICARE & N	/IEDICAID SERVICES

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STATEMENT	OF OEFICIENCIES	(X1) PROVIOER/SUPPLIER/(	21.10	(X2) MULTIPLE CONSTRUCTION			<u>0. 0938-0391</u>
	FCORRECTION	IOENTIFICATION NUMBER	ER;	A. BUILDING	3	(X3) OATE SU	
						COMPLE	
		495362		B. WING			R-C
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				ND, VA 230			
(X4) IO	SUMMARY	TATEMENT OF DEFICIENCIES			1		
PREFIX	(EACH OEFICIENCY MUS	T BE PRECEOEO BY FULL RE	GULATORY	IO PREFIX	PROVIDER'S PLAN OF CO	RRECTION	(X5)
TAG	OR LSC IO	ENTIFYING INFORMATION)		TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULO BE	COMPLETION OATE
<b>15.</b>		<del> </del>			DEFICIENCY)		1
{F 514}				{F 514}			<del>'</del>
	just adopted Residen	t #110 as his "adopt a					
:	resident" two weeks a	igo. He stated, "Just					
	knowing what I know	about her in the last tw	o				
	on A helmet was nev	ly she would leave a he er planned to be put or	elmet				
	her."	er planned to be put or	1				
	On 5/11/16 at approxi	mately 4:30 p.m., ASM	l #1.				1
	the administrator was	made aware of the ab	ove				
	concerns.						1
	Facility and the 1911 of the	50° 1 10° 1 10° 1					
	documents in part the	Clinical/Medical Record	ls"				
	are maintained in acc	following: "Clinical rec ordance with profession	oras				
	practice standards to	provide complete and	liai				
	accurate information i	n each resident for					
	continuity of careThe	e purpose of the clinica	al Í				
	record is to document	the course of the resid	lent's				
	plan of care and to pro	ovide a medium of					
	communication among	g health care professio	nals				
	involved in this care."		ĺ				
	The following quotatio	n is found in Bottor and	,				ŀ
	Perry's Fundamentals	of Nursing 6th edition	,				
	(2005, p. 477): "Docu	mentation is anything					
	written or printed that i	is relied on as record o	r				
	proof for authorized pe	ersons, Documentation					
	within a client medical	record is a vital aspec-	t of				
	nursing practice. Nurs	sing documentation mu	st be				
	accurate, comprehens	ive, and flexible enoug	h to				
	retrieve critical data, m track client outcomes,	antain continuity of ca	ire,	1			
	standards of nursing p		tho			LIVED	
	client record provides	a detailed account of the	Je			W W Dates Str.	
	level of quality of care	delivered to the clients	ii .	ĺ	Jelas 1	<sup>0 9</sup> 2016	
i	Potter and Perry (2005)	5) also includes the					
	following information:	"As members of the he	alth			VOLC	
	care team, nurses nee	a to communicate				um siethe.	
j,	information about clien timely, effective manne	its accurately and in a					
-		<i>.</i>				-	

STATE FUND FOR PROVIDER OF SUPPLIES AND PLAY OF CORRECTION  CORRECTION  CORRECTION  CORRECTION  CORRECTION  AND PLAY OF CORRECTION  CORREC	DEPARTN CENTERS	MENT OF HEALTH AND FOR MEDICARE & M	D HUMAN SERVICES MEDICAID SERVICES	_			FOR	: 05/26/2016 RM APPROVED
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION  (X4) IO PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG  (F 514) Continued From page 152  (F 514) Continued From page 152  [B. WING	STATEMENT ANO PLAN O	OF OEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/C IOENTIFICATION NUMBE	CLIA ER:			(X3) DATE SU	JRVEY
NAME OF PROVIDER OR SUPPLIER  ASHLAND NURSING AND REHABILITATION  (X4) IO PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG  (F 514) Continued From page 152  (F 514) Continued From page 152  (STREET AOORESS, CITY, STATE, ZIP CODE  906 THOMPSON STREET  ASHLAND, VA 23005  (ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCEO TO THE APPROPRIATE OEFICIENCY)			495362		B MINIC			
ASHLAND NURSING AND REHABILITATION  906 THOMPSON STREET ASHLAND, VA 23005  (X4) IO PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY)  (F 514)  Continued From page 152  (F 514)	NAME OF PR	OVICER OR SUDDIFER						1
ASHLAND, VA 23005  (X4) IO PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IOENTIFYING INFORMATION)  (F 514) Continued From page 152  ASHLAND, VA 23005  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY)  (F 514)			ARII ITATION					
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	{F 514}	Continued From page	e 152		{F 514}	OEFICIENCY	)	
		No further information	n was presented prior to	o exit	,			
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FORM CMS-2567(02-99) Previous Versions Obsolete

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